Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1960

BY

J. B. S. MORGAN
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

HEANOR, DERBYSHIRE:
ARTHUR GAUNT & SONS (*PRINTERS*) LTD.

TABLE OF CONTENTS

COUNTY HEALTH COMMITTEE
(As at 31st December, 1960)

ALDERMAN MRS. E. HARRISON
(Chairman)

ALDERMAN MRS. F. E. SHIPLEY
(Vice-Chairman)

Aldermen

MRS. G. BUXTON.
N. GRATTON.
J. W. HALL.
MRS. D. M. SUTTON.
T. W. WARDLEY.
A. F. T. WYATT.

Councillors

N. B. BANKS.
J. CARTER.
G. W. COCKER.
S. F. COLLINS.
H. FISHER.
J. H. GREGORY.
J. HAWORTH.
M. HEWITT.
MRS. B. IVINSON.
J. LOMAS.
C. J. MERREY.
C. V. MOORE.
MRS. E. G. REDFERN.
P. REVILL.
MRS. A. S. THICKETT
H. T. TISDALE.
W. H. WHITEHEAD.
J. WILLIAMSON.
E. WRIGHT.

Co-opted Members

DR. J. L. SKINNER.
A. J. WILSON, ESQ., F.R.C.S.
T. ALLSOP, ESQ., O.B.E., J.P.
J. CLARKE, ESQ.
MRS. S. A. JERVIS.
MRS. M. H. SMITH.
MRS. D. M. ASHLEY.

Ambulance Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN T. W. WARDLEY.
ALDERMAN A. F. T. WYATT.
COUNCILLOR H. FISHER.
COUNCILLOR H. T. TISDALE.
COUNCILLOR W. H. WHITEHEAD.

Mental Health Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. G. BUXTON.
ALDERMAN J. W. HALL.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
COUNCILLOR N. B. BANKS.
COUNCILLOR J. CARTER.
COUNCILLOR H. FISHER.
COUNCILLOR J. H. GREGORY.
COUNCILLOR MRS. E. G. REDFERN
COUNCILLOR J. WILLIAMSON.
DR. J. L. SKINNER.

Co-opted Members:—

ALDERMAN MRS. A. M. BELFIELD, DR. W. J. BARBOUR AND DR. J. A. STIRLING, TOGETHER WITH THE MEDICAL SUPERINTENDENTS OF:— KINGSWAY HOSPITAL, ASTON HALL HOSPITAL, PASTURES HOSPITAL AND WHITTINGTON HALL HOSPITAL.

Staff Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
ALDERMAN A. F. T. WYATT.
COUNCILLOR N. B. BANKS.

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1960, its membership was as follows :—

Representing the County Health Committee.

ALDERMAN MRS. E. HARRISON. (*Chairman*).
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. D. M. SUTTON.
COUNCILLOR N. B. BANKS.

Representing the Education Committee.

ALDERMAN MRS. G. BUXTON.
ALDERMAN MRS. O. EDEN.
ALDERMAN F. A. GENT.
ALDERMAN J. B. HANCOCK.

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1960)

ALDERMAN C. FEAKIN
(*Chairman*)

COUNCILLOR T. T. JENNINGS
(*Vice-Chairman*)

Aldermen

MRS. G. BUXTON.
T. COLLEDGE
A. FOWLER.
N. GRATTON.
MRS. D. M. SUTTON.
T. W. WARDLEY.
C. WASS.
A. F. T. WYATT.

Councillors

D. BARTON
MRS. B. M. BASTABLE.
H. G. BOOTH.
F. R. BOTT.
J. T. CHADWICK.
G. W. COCKER.
MRS. S. DALLY.
F. W. ELDRIDGE.
MRS. D. HARDMAN.
A. E. HEESOM.
J. H. HIGGINBOTTOM.
D. PRINCE.
J. J. SHEEHY.

Milk Licences Sub-Committee.

ALDERMAN C. FEAKIN.
COUNCILLOR T. T. JENNINGS.

Rural Water Supplies and Sewerage Act Sub-Committee.

ALDERMAN T. COLLEDGE.
ALDERMAN C. FEAKIN.
ALDERMAN C. WASS.
COUNCILLOR H. G. BOOTH.
COUNCILLOR F. W. ELDRIDGE.
COUNCILLOR A. E. HEESOM.
COUNCILLOR T. T. JENNINGS.

To the Chairman and Members of the
Derbyshire County Council.

Ladies and Gentleman,

I have the honour to present the 71st Annual Report on the health of the County of Derby.

The **Birth Rate** and **Death Rate** from all causes per 1,000 of the estimated population (which is 741,310) were respectively 16.21 and 12.11, whereas the corresponding rates for England and Wales (provisional) were 17.1 and 11.5. The percentage of **illegitimate births** was 3.39, as compared with 3.52 in the previous year. (The figure for England and Wales in 1960 was 5.4). (The national birth rate (17.1 per 1,000) is the highest since 1948, when it was 17.9).

There were 7,877 **deaths,** whereas there were 7,856 in the previous year. Of the 7,877 deaths, 1,278 were certified as being due to heart disease, 1,391 as being due to malignant disease and 1,121 as being due to vascular lesions of the nervous system. In the case of the 1,391 deaths from malignant disease, the lesion was in the stomach in 215 patients; in the lung or bronchus in 300 cases; in a breast in 134; and in the uterus in 60.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis and cancer of the lung, for 1950 and subsequent years :—

Year	*Deaths from*		*Total*
	Respiratory Tuberculosis	*Malignant Neoplasm of lung or bronchus*	
1950 ..	154	141	295
1951 ..	119	157	276
1952 ..	110	167	277
1953 ..	113	165	278
1954 ..	80	165	245
1955 ..	74	173	247
1956 ..	51	233	284
1957 ..	51	210	261
1958 ..	46	230	276
1959 ..	34	250	284
1960 ..	39	300	339

The following is a quotation from the Annual Report of the Chest and Heart Association for 1959/60 :—

> "Smoking is an old established custom, and today nearly twelve million men and over six million women in Britain are fairly heavy regular smokers. In 1952 an enquiry was held to find out the relationship between smoking and lung cancer.
>
> The scientific results of this enquiry were interesting :—Among non-smokers, one death in every 300 was due to lung cancer. Whereas in those who smoked ten cigarettes a day, lung cancer accounted for one death in every twenty-five. In people who smoked twenty cigarettes a day, one death in every eight was due to lung cancer.
>
> Nor is lung cancer, harmful though it is, the only bad result of smoking. Bronchitis is aggravated by smoking; smoking depresses the appetite, and can also affect the heart, the arteries and the stomach. Taking everything into consideration, it can be said that the greatest single step we could take in making lung cancer less common would be to teach our young people not to smoke."

The number of notifications and deaths from all forms of tuberculosis during the last twelve years are set out on page 39. From a perusal of the Table it will be seen that in the year under review 302 new cases were notified and forty-four deaths recorded.

The infant mortality rate is 19.74 deaths under one year of age per thousand live births, which may be compared with a provisional figure of 21.9 for England and Wales—incidentally, the figures are the lowest that have been recorded both in the county and in the country. The Table on page 19 sets out the figures for Derbyshire since 1930. Your attention is also drawn to the Tables on pages 19 and 20 relating to neo-natal and early neo-natal mortality, as well as the comments on peri-natal mortality.

The maternal mortality rate was 0.33 per thousand live- and still-births and is the lowest recorded in this county. (For England and Wales the provisional figure was 0.39). The Derbyshire figure for 1955 was 0.38 which was the previous lowest; for 1956 it was 0.62; for 1957, 0.51; for 1958, 0.51; and for 1959, 0.41. Your attention is drawn to the Table on page 35 which shows the mortality over the last twenty years.

The number of deaths from **coronary disease,** including angina pectoris, has shown a gradual rise during the past few years, from 942 in 1954 to 1,308 in 1961.

I am pleased to report that there have been no notification or death from diphtheria in Derbyshire during the year, and whilst there were 979 notifications of cases of whooping cough, there wasn't a death attributed to the disease.

Perhaps it would not be out of place to record here a comment made at the Royal Society of Health Congress at Blackpool in April, 1961—"Enthusiasm is one infectious disease that need not be controlled." I will go further, and say that a Public Health Department lacking in enthusiasm is without a soul !

It is also well to bear in mind what the late Sir William Osler, the great Physician, once said—"To wrest from nature the secrets which have perplexed philosophers in all ages, to track to their sources the causes of disease, to correlate the vast stores of knowledge, that they may be quickly available for prevention and cure of disease—these are our ambitions."

Since the end of the war, the following buildings have been erected, extended and modernised or, where not purpose-built, adapted for use :—

(1) **Ambulance Stations :—**
Buxton—adapted April, 1955.
Ripley—erected April, 1955.
Mickleover—erected April, 1955.
Bakewell—erected February, 1957.
Swadlincote—erected February, 1960.
New Mills—erected April, 1960.
Eckington—erected May, 1960.
Ilkeston—erected July, 1960.

(A new ambulance station which is in course of erection at Long Eaton is expected to come into operation in August).

Radio-Telephony : In 1955, radio-telephony was installed at the Ambulance Stations at Chesterfield, Mickleover and Ripley, and thirty-four ambulances were equipped with radio. In the following year Buxton Ambulance Station was so equipped, as well as an additional seventeen vehicles. At the beginning of 1961, radio-telephony was in operation at four main ambulance stations and in seventy-six ambulances.

(2) **Clinics :—**
Dronfield—adapted in 1950.
Clowne—erected September, 1955.
Hackenthorpe—erected August, 1957.
Cathedral Road, Derby—erected September, 1958.
Eckington—erected January, 1960.
Ripley—erected January, 1960.
Brimington Road, Chesterfield—extended and modernised in 1960.
Chaddesden—erected May, 1960.
Staveley—extended and modernised February, 1961.
Bolsover—extended and modernised February, 1961.
Glossop—erected March, 1961.
Buxton—erected June, 1961.

(It is expected that the erection of a new clinic in Swadlincote will be commenced later in 1961).

(3) **Mental Health Training Centres and Hostels :—**

Purpose-built Training Centres for the mentally subnormal have been erected as follows :—
Ilkeston—erected January, 1958.
Chesterfield—erected September, 1958.

A Training Centre for juniors and adults, as well as a Hostel, are in course of erection at Chinley.

Work is about to commence on an adult Training Centre in Chesterfield.

A house and land have been purchased in Chesterfield for providing a Hostel for the mentally ill, and adaptations and extensions are in hand.

The three big changes which took place in the Health Department's responsibilities during the year were—(1) the implementation of the new legislation on Mental Health, which came into operation on November 1st (see page 126) ; (2) the inauguration of a Chiropody Service in December, 1960 (see page 107) ; and (3) the transfer from the District Councils to the County Council of certain functions under the Milk (Special Designation) Regulations 1960 (see page 22).

It will be appreciated from the various services described in the body of the Report, as well as the new buildings catalogued above and the three additional responsibilities just mentioned that there has to be an adequate number of staff employed if the services are to be carried out efficiently. Unfortunately, the recruitment of professional staff is not easy, particularly in the realms of dentistry, health visiting, speech therapy, chiropody, and, to some extent, in medicine. In this connection, however, we were nevertheless able to provide adequate services in many spheres, as the table of staff on page 11 will show.

All these services are administered from the County Offices at Matlock, apart from those in Chesterfield Borough for which there is a Scheme of Delegation (see page 24). The Institute of Municipal Treasurers and Accountants and the Society of County Treasurers have published statistics relating to expenditure of Local Health Authorities for the year ended 31st March, 1960. They show the net expenditure per 1,000 population for all the forty-eight English counties. It is interesting to note that the cost of administration of the Derbyshire County Health Committee was the lowest among the forty-eight English counties. The average net expenditure on administration for all the English counties per 1,000 population was £177 6s. 0d.; the comparable figure for Derbyshire was only £92 10s. 0d. (The highest figure was £245 16s. 0d. per 1,000 population).

It is a pleasure once again to record my thanks (1) to Alderman Mrs. E. Harrison, Alderman C. Feakin, and Alderman F. A. Gent, the respective Chairmen of the County Health Committee, the Weights and Measures and Miscellaneous Services Committee, and the Education Committee, for their support in obtaining the approval of their Committees to innovations in the health service; (2) to the County Clerk and the Heads of Departments for their co-operation ; and (3) to the members of my own Department for their assistance, especially Dr. Woodward, my Deputy; the Senior Medical Officers for Maternal and Child Welfare, Mental Health, and the School Health Service, namely Dr. Isabel McCullough, Dr. Margaret Fynne and Dr. Julia Corrigan ; the Supervisors of Health Visitors, Nurses and Midwives ; the County Ambulance Officer ; the Public Health Inspector ; and the Chief Clerk and Section Chief Clerks ; all of whom have been most conscientious and assiduous in performing their duties.

One of the most effective tranquillisers is to serve others instead of continually thinking of ourselves ! When it comes to members of Health Committees, as well as the staff of Health Departments, I think it can generally be said that they try to serve others. Virgil said, "Vox omnibus una," which means, "One cry was common to them all," which I submit in this context can truthfully be said, "We serve."

I am, Your obedient servant,

J. B. S. MORGAN,
County Medical Officer of Health.

County Offices,
Matlock.
(*Telephone No. Matlock* 3411)
6*th June*, 1961.

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT

(31st DECEMBER, 1960)

COUNTY MEDICAL OFFICER OF HEALTH
J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH
V. J. WOODWARD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD WELFARE
ISABEL M. McCULLOUGH, L.R.C.P. & S.I., D.C.H., D.R.C.O.G.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH
MARGARET FYNNE, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH AND HEALTH EDUCATION:
JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH:
J. A. STIRLING, *D.S.C.*, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS:
W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.
A. R. ROBERTSON, M.B., Ch.B., D.P.H.
F. D. F. STEEDE, M.B., B.Ch., B.A.O., D.P.H.
MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.
P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P., & S., D.P.H.
C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:
SUZANNE BURTON BLACKBURN, M.B., B.S., D.R.C.O.G.
MARY B. DASTGIR, M.B., Ch.B. (Part-time)
CHRISTINA C. GLYNN, M.B., B.Ch., B.A.O., D.C.H.
DOROTHY M. JACKSON, M.B., Ch.B.
ELLEN MARY MONICA MURPHY, M.B., B.Ch., B.A.O., D.P.H. (Temporary)

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:
M. ALLAN, M.B., Ch.B., D.P.H.
FRANCES G. BRILL, B.A., M.B., B.Ch., B.A.O.
A. CHYNOWETH, M.R.C.S., L.R.C.P.
J. W. CRAWSHAW, M.B., Ch.B.
R. E. DEAN, L.R.C.P.S., L.R.F.P.S.
J. DUTHIE, M.B., Ch.B.
WINIFRED GOW, M.B., Ch.B.
J. D. HALL, M.R.C.S., L.R.C.P., D.P.H.
ALISON M. HAMILTON, M.B., Ch.B., D.P.H.
TONIE F. HAYNES, M.B., Ch.B.
H. JAMES, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H.
EMILY B. JOHN, M.R.C.S., L.R.C.P., M.B., B.S.
MARGARETE KUTTNER, M.D.
JOAN B. M. LEITH, M.B., Ch.B., D.P.H. (Chesterfield B.)
D. R. McCAULLY, M.D., B.Ch., B.A.O., D.P.H.
MARGARET MUCKART, M.B., Ch.B.
MARY STEVENS, M.B., Ch.B. (Part-time)
G. STOREY, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.
TEISI URTSON, Med.-Dip., (University of Tartu)

DENTAL STAFF:

Chief Dental Officer:
H. E. GRAY, L.D.S.

Dental Officers:
G. H. FREEMAN, (Dentist, 1921)
FLORA M. JACKSON, L.D.S. (Part-time)
DOROTHY LITTLAR, L.D.S. (Part-time)
ILSE B. MANN, L.D.S. (Part-time)
F. E. WELTON, L.D.S.
A. R. LITTLAR, L.D.S., (Senior Dental Officer, Chesterfield Borough)

At the beginning of 1961 the main* "field workers" of the County Health Department (including the School Health Service) were as follows :—

		Number actually being employed	*Authorised Establishment*
Doctors	Whole-time	23	29
	Part-time	10	10
Dentists	Whole-time	4 w.t.	16
	and	3 p.t.	
Dental Attendants	Whole-time	6 w.t.	16
	and	1 p.t.	
Midwives		74	93
Home Nurses and Home Nurse/Midwives ..		141	150
Health Visitors, School Nurses and Student Health Visitors		69	75
Medical Officers' Attendants ..	Whole-time	15	24
	Part-time	—	6
Physiotherapists	Whole-time	2	2
	Part-time	1	3
Chiropodists	Part-time	2	Equivalent of 10 whole-time
Public Health Inspector		1	1
Mental Health Officers and Craft Instructors		21	26
Staff at Mental Health Training Centres ..		24	62†
Staff at the five Day Nurseries		60	65
Ambulance Personnel		233	237
Home Help Organisers		5	6
Home Helps	Whole-time	122	(Controlled by
	Part-time	212	Annual Estimates)
Child Guidance Staff (apart from Children's		1 w.t.	6
Psychiatrists & Educational Psychologists) ..		1 p.t.	
Speech Therapists		—	10

*(The Table does not include the County Medical Officer of Health or his Deputy, but does include the three Senior Medical Officers and the Supervisors of Midwives, Home Nurses and Health Visitors. It excludes clerks at clinics, cleaners, and similar assistants.)

†This establishment of sixty-two provides for the staff at the *proposed* new Training Centres and Hostels.

BIRTH RATE, INFANT MORTALITY RATE AND DEATH RATE DURING THE LAST SEVENTY YEARS.

Year		Birth Rate *per* 1,000 *of Population*	Infantile Mortality *per* 1,000 *Births*	Death Rate from all Causes *per* 1,000 *of Population*
1891 to 1900	WHOLE COUNTY	**33.7**	**147**	**17.1**
	England and Wales	29.9	153	18.3
1901 to 1910	WHOLE COUNTY	**28.5**	**126**	**14.1**
	England and Wales	27.1	128	15.3
1911 to 1920	WHOLE COUNTY	**24.07**	**99**	**12.66**
	England and Wales	21.90	100	13.85
1921 to 1930	WHOLE COUNTY	**19.73**	**70.7**	**10.92**
	England and Wales	18.36	71.7	12.14
1931 to 1940	WHOLE COUNTY	**15.71**	**56.7**	**11.31**
	England and Wales	14.93	58.6	12.26
1941 to 1950	WHOLE COUNTY	**18.25**	**41.99**	**10.94**
	England and Wales	17.02	42.88	11.72
1951	WHOLE COUNTY	**15.21**	**28.83**	**11.67**
	England and Wales	15.5	29.6	12.5
1952	WHOLE COUNTY	**15.21**	**29.64**	**10.56**
	England and Wales	15.3	27.6	11.3
1953	WHOLE COUNTY	**15.41**	**28.79**	**10.20**
	England and Wales	15.5	26.8	11.4
1954*	WHOLE COUNTY	**14.86**	**28.03**	**11.55**
	England and Wales	15.2	25.5	11.3
1955*	WHOLE COUNTY	**14.66**	**29.14**	**11.67**
	England and Wales	15.0	24.9	11.7
1956*	WHOLE COUNTY	**15.34**	**24.15**	**12.29**
	England and Wales	15.6	23.7	11.7
1957*	WHOLE COUNTY	**15.76**	**24.33**	**12.13**
	England and Wales	16.1	23.1	11.5
1958*	WHOLE COUNTY	**15.79**	**25.94**	**12.59**
	England and Wales	16.4	22.6	11.7
1959*	WHOLE COUNTY	**15.87**	**23.34**	**12.22**
	England and Wales	16.5	22.2	11.6
1960*	Urban Districts ..	15.42	20.19	12.51
	Rural Districts ..	17.14	19.33	11.76
	WHOLE COUNTY	**16.21**	**19.74**	**12.11**
	England and Wales	17.1†	21.9†	11.5†

* See remarks on pages 14 and 15 † Provisional.

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1960.

On 31st January, 1961, the Ministry of Health issued Circular 1/61, concerning "Annual Reports of Medical Officers of Health for 1960". The first paragraph of the circular reads as follows :—

> "1. I am directed by the Minister of Health to refer to Regulations 5 (3) and 15 (5) *of the Public Health Officers Regulations, 1959, and to ask that the Council will give directions for the preparation of the Annual Report of the Medical Officer of Health for the year 1960. The Regulations define the scope of the Annual Report and enable the Medical Officer of Health to comment on any matter which he thinks desirable in relation to the public health of his area. The Minister regards the report as an essential and valuable appraisal of the state of the public health in each area throughout the country. In addition to dealing with the main features of the year including features of special topical interest, it is requested that; in appropriate cases, the report should cover the following matters . . ."

(The circular then gives particulars of certain points which should be covered in the annual report relating to vital statistics, mental health services, health education and so on).

Regulation 5 of the Public Health Officers Regulations, 1959, which is mentioned above, reads as follows :—

"MEDICAL OFFICERS OF HEALTH OF COUNTIES.

Duties.

5. A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties :—

(1) he shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter; and for this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice to his visit, so far as this may be practicable;

(2) he shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;

(3) he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the county, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such reports as the Minister may from time to time require;

(4) he shall furnish the Minister with one copy of any special report which he may make to the county council."

* (Regulation 15 (5), which is mentioned in the Ministry circular, is applicable to Medical Officers of Health of District Councils).

AREA, POPULATION AND RATEABLE VALUE

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,456 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,391 in Rural Districts..

The population of the Administrative County as estimated by the Registrar-General at the middle of 1960 was as follows :—

Municipal Boroughs	139,490
Urban Districts	229,170
Rural Districts	372,650
Total Administrative County.. ..	741,310

The rateable value of the Administrative County in April, 1960, for the County Rate purposes was £8,268,548, and a penny rate over the whole County was estimated to produce the sum of £33,015.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which gives the people of this county occupation, are coal mining carried on in the East and North-East and a small area in the South-Western portion of the County, and agriculture, particularly in the Western and Central parts of the County. The staple industries in the extreme North-Western area adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the hosiery and lace trades provide the chief occupation. In this area, too, artificial silk manufacturers absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries", some of which are known to pre-dispose to pulmonary disease. In the extreme South Western portion of the County, pottery manufacture is one of the prominent industries.

VITAL STATISTICS

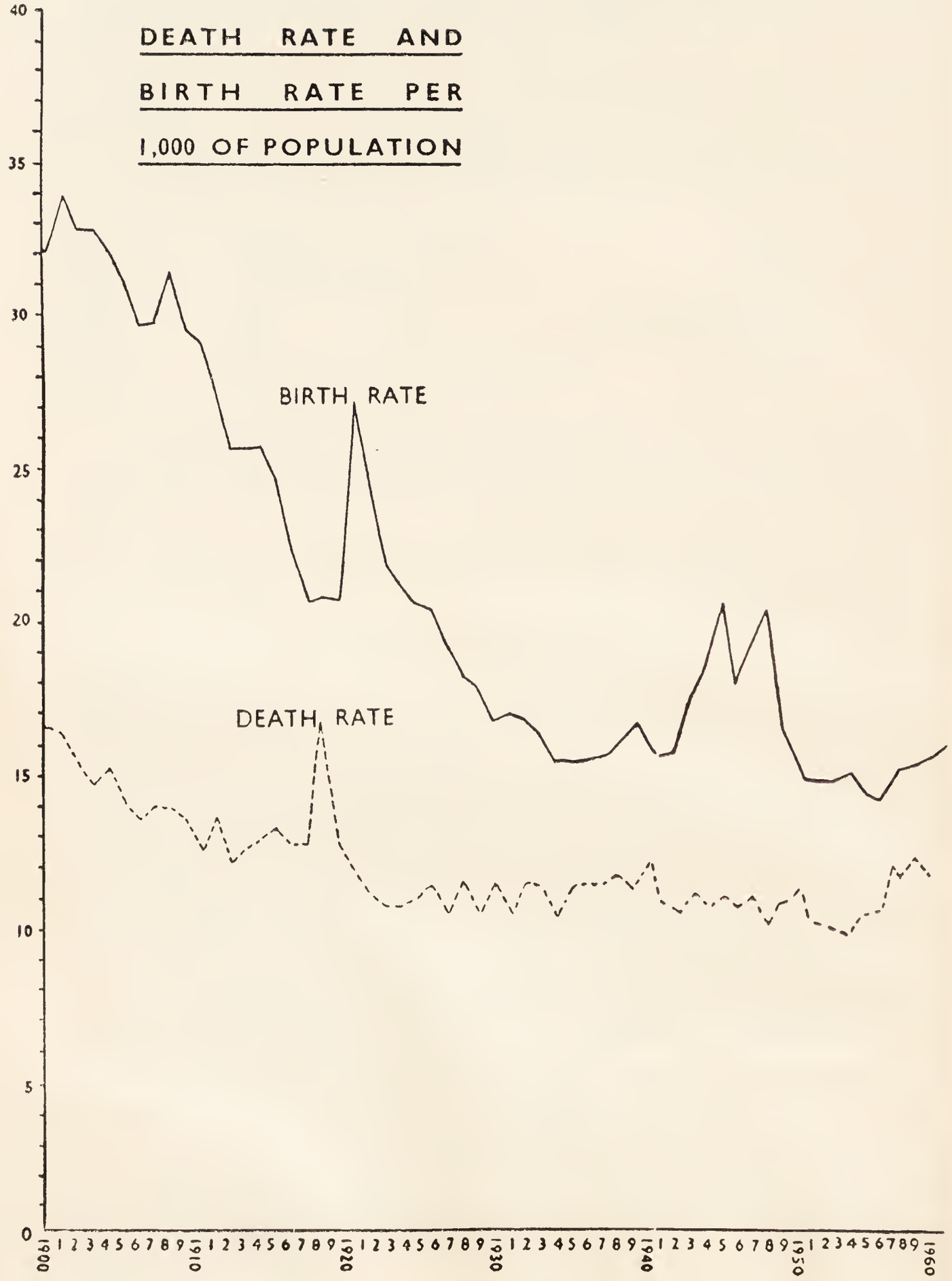
The Ministry of Health has asked for certain vital statistics to be presented in Annual Reports in a uniform manner, in order to facilitate ease of reference. The figures have therefore, been set out below on the lines suggested.

(NOTE : The birth and death rates for each County District and for the County as a whole for the years 1954 and onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age dis-

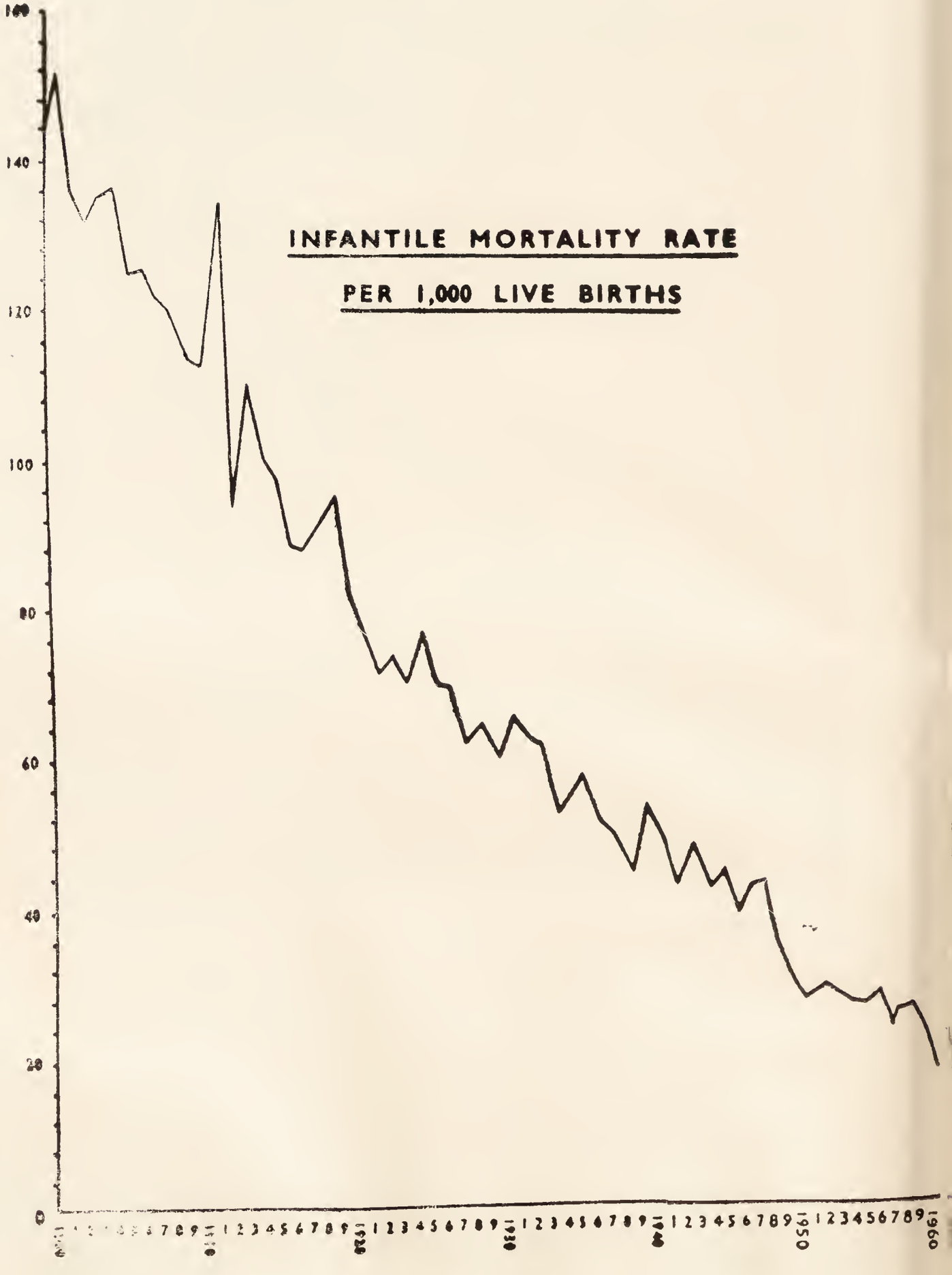
tribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954. Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rates for any other area. The comparability factors for the administrative County for the year 1960 are as follows—for births : 0.98 ; for deaths 1.14).

	Males	*Females*	*Total*
Live births—Legitimate ..	6,118	5,728	11,846
—Illegitimate ..	210	206	416
Total	6,328	5,934	12,262

Live birth rate per 1,000 population	16.21
Illegitimate live births per cent of total live births	3.39
Stillbirths—Number	284
—Rate per 1,000 total live- and still-births ..	22.64
Total live- and still-births	12,546
Infant deaths (deaths under one year)	242
Infant mortality rates—	
Total infant deaths per 1,000 total live-births	19.74
Legitimate infant deaths per 1,000 legitimate live-births	19.75
Illegitimate infant deaths per 1,000 illegitimate live-births	19.23
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)	13.54
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)	11.58
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live -and still-births) ..	33.95
Maternal mortality (including abortion)—	
Number of deaths	4
Rate per 1,000 total live- and still-births	0.33
Number of deaths from all causes	7,877
Death rate per 1,000 of the estimated population	12.11
Deaths from Cancer (all ages)	1,391
Death rate from Cancer	2.14


DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
BIRTH RATE
DEATH RATE
40
35
30
25
20
15
10
5
0
1900 1 2 3 4 5 6 7 8 9 1910 1 2 3 4 5 6 7 8 9 1920 1 2 3 4 5 6 7 8 9 1930 1 2 3 4 5 6 7 8 9 1940 1 2 3 4 5 6 7 8 9 1950 1 2 3 4 5 6 7 8 9 1960

DERBYSHIRE


INFANTILE MORTALITY RATE
PER 1,000 LIVE BIRTHS
140
120
100
80
60
40
20
0
1950
1960

INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

Year	*Rate*	*Year*	*Rate*
1930	61.4	1946	38.9
1931	67.4	1947	42.81
1932	63.4	1948	43.45
1933	62.2	1949	36.50
1934	53.0	1950	30.19
1935	56.6	1951	28.83
1936	58.2	1952	29.64
1937	52.1	1953	28.79
1938	51.1	1954	28.03
1939	47.4	1955	29.14
1940	55.4	1956	24.15
1941	51.0	1957	24.33
1942	42.2	1958	25.94
1943	48.1	1959	23.34
1944	42.1	1960	19.74
1945	44.5		

The rate for England and Wales in 1960 was 21.9 (provisional).

NEO-NATAL MORTALITY RATE

(Infants dying under four weeks of age per thousand live births)

Year	*Number of Neo-natal Deaths*	*Rate per 1,000 Live Births*	
		Derbyshire	*England & Wales*
1946 ..	293	23.0	24.5
1947 ..	325	23.7	22.7
1948 ..	310	25.5	19.7
1949 ..	243	21.1	19.3
1950 ..	188	17.4	18.5
1951 ..	184	17.6	18.8
1952 ..	197	18.9	18.3
1953 ..	190	17.8	17.7
1954 ..	197	18.9	17.7
1955 ..	210	20.3	17.3
1956 ..	191	17.3	16.8
1957 ..	211	18.46	16.5
1958 ..	228	19.72	16.2
1959 ..	194	16.36	15.8
1960 ..	166	13.54	15.6

EARLY NEO-NATAL MORTALITY RATE

(Infants dying under one week per 1,000 live births)

Number of early neo-natal deaths	142
Early neo-natal mortality rate	11.58

The following Table provides an analysis of the causes of death of the 166 children who died during 1960 under four weeks of age, as well as of the 142 children who died under one week of age :—

Causes of Death	*Number of Deaths under 4 weeks of age*			*Number of Deaths under one week*		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*
Congenital malformations ..	16	19	35	11	14	25
Birth accidents	7	4	11	7	4	11
Infections	11	11	22	8	8	16
Asphyxia	4	4	8	3	4	7
Prematurity	31	20	51	30	20	50
Congenital Malformations and prematurity	2	—	2	2	—	2
Birth accidents & prematurity	2	4	6	1	4	5
Infections and prematurity ..	9	1	10	9	0	9
Haemolytic disease of Newborn..	6	3	9	4	2	6
Other	3	9	12	3	8	11
Totals ..	91	75	166	78	64	142

Summary :—From the foregoing pages it can be seen that the infant mortality rate was 19.74 per 1,000 which represents 242 children who died under one year of age (compared with a rate of 21.9 (provisional) for England and Wales). Of the 242 children, 166 died within four weeks giving a neo-natal death rate of 13.54 per 1,000 (compared with 15.6 for the country). Further, 142 of those infants (85%) died within the first week (giving an early neo-natal mortality rate of 11.58 per 1,000 live births).

PERI-NATAL MORTALITY RATE

The peri-natal mortality rate (i.e., still-births and deaths under one week combined, per 1,000 total live and still-births), for 1960 was 33.95 (compared with a rate of 32.9 (provisional) for England and Wales).

(The term "peri-natal mortality" is used to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It is hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passage, or immediately following birth. The concept of peri-natal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It has been suggested that probably the most useful combination is still-births plus deaths during the first week.)

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

Pasteurised Milk.

There was no change in the number of pasteurising plants operating in the County area in 1960. Ten such plants were licensed on January 1st and all continued in use until the end of the year.

Of the ten, three had holder-type pasteurisers, the remainder having High Temperature Short Time plants. The following is a list of the establishments licensed :—

Name	*Address of Establishment*
Gisborne Dairy Ltd.	Manchester Rd., Chapel-en-le-Frith
S. Hutchings & Sons Ltd.	Derby Road, Long Eaton
Ilkeston Co-op Society Ltd.	Derby Road, Ilkeston
Long Eaton Co-op Society Ltd. ..	Meadow Lane, Long Eaton
R. B. Morten & Sons	The Creamery, Green Lane, Buxton
Pleasley Co-op Society Ltd.	Pleasley
Ripley Co-op Society Ltd.	Nottingham Road, Ripley
G. L. White	South Street Dairy, Draycott
United Dairies Ltd.	Eggington, Derby
F. Wheldon	94 Breedon Street, Long Eaton

All the pasteurising establishments were regularly inspected by the County Health Inspector, who also carried out the routine sampling. The following table sets out the sampling figures for the year :—

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total number of samples submitted*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Tuberculin Tested (Pasteurised)	86	101	—	—	101
Pasteurised	116	139	—	—	139

Note—(*a*) M.B.—Methylene Blue Test; Phos.—Phosphatase Test.

(*b*) Fifteen samples of Tuberculin Tested (Pasteurised) Milk and twenty-three samples of Pasteurised Milk were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 65 °F. at the time of testing.

It can be reported with some satisfaction that for the first year since the work was transferred in 1949 no samples failed either of the statutory tests.

Routine machinery replacements were carried out by the bigger dairies but these apart there have been no significant plant developments. None of the licensed dairies have sufficient gallonage to warrant large scale introduction of mechanisation although, no doubt, some may eventually consider this for the solution of problems associated with bottle and crate handling—one of the remaining labour absorbing tasks in modern dairies.

It may be of interest to mention that one dairy—United Dairies, Eggington—has installed during 1960, a cheese-making plant which is one of the most advanced of its kind in the country. Air temperature, humidity, etc., is automatically corrected and controlled in the various "ageing" rooms. This plant will be in full operation in 1961 and will use milk pasteurised on the premises.

The Milk (Special Designation) Regulations, 1960.

These regulations were issued at the end of August, 1960 and as far as the County Council's duties are concerned came into force on 1st January, 1961. The regulations replaced and consolidated, with amendments, two sets of regulations, one of which dealt with the designation "Tuberculin Tested" and the other with the designations "Pasteurised" and "Sterilised." The designations could only be used by processers or dealers who held the appropriate licence which, generally speaking, was issued for producers by the Ministry of Agriculture and for dealers by the Local Authority, and was valid for one year. As from 1st January, 1961, dealers' licences (other than those issued by the Ministry of Agriculture, Fisheries and Food) will be issued by the Food and Drugs Authority for the area in which are situated the premises at or from which the milk is sold. The licence will last for five years and will not restrict sales to the area of the licensing authority. The effect is that from January, 1961, the County Council as a Food and Drugs Authority will take over from the District Councils the responsibility for the licensing and supervision of milk dealers. Preliminary enquiries showed that about 800 dealers were licensed in 1960.

Specified Areas.

Under the Food and Drugs Act, 1955, sales of milk in a specified area are restricted to "Tuberculin Tested," "Pasteurised," and "Sterilised" grades of milk.

There have been no additional "specification" orders made as far as areas in Derbyshire are concerned, but advance information received towards the end of the year showed that the Ministry of Agriculture

intended to deal with the whole of the remaining "unspecified" part of the County early in 1961. The position at the end of 1960 was, therefore, as detailed in the last Annual Report as follows :—

	Date of operation
The Borough of Ilkeston.	1st November, 1952.
The Urban District of Long Eaton.	
The Parishes of Sandiacre and Stanton-by-Dale in S.E. Derbyshire Rural District.	
The Borough of Chesterfield.	1st January, 1954.
The Urban Districts of Bolsover, Clay Cross, Dronfield, Matlock, Staveley and Wirksworth.	
The Rural Districts of Blackwell and Chesterfield.	
The Urban District of Swadlincote.	1st October, 1954.
S.E. Derbyshire Rural District (excluding the Parishers of Sandiacre and Stanton-by-Dale already specified).	
The Parishes of Catton, Castle Gresley, Cauldwell, Coton-in-the-Elms, Drakelow, Linton, Lullington,, Netherseal Overseal, Rosliston and Walton-upon-Trent, all in Repton Rural District.	6th December, 1955.
The Rural District of Clowne.	10th April, 1956.
The Urban Districts of New Mills and Whaley Bridge.	1st October, 1956.
The Borough of Glossop.	6th April, 1959.

It is estimated that approximately seven-tenths of the population of the administrative County area is now covered by specified areas extending over approximately a third of the acreage.

COUNTY DISTRICT COUNCILS' AREAS

LOCAL GOVERNMENT ACT, 1958.

Delegation of Functions.

Under the provisions of Section 26 of the Local Government Act, 1958, the councils of any borough or urban district with a population of 60,000 or more became entitled to make a scheme for the delegation of certain health and welfare functions; further, county district councils not automatically entitled to make a delegation scheme could apply to the Minister of Health for his consent to do so and the Minister would consult the County Council on the application.

The functions to be included in a delegation scheme, insofar as the County Council's Health Services are concerned, are as follows :—

(*a*) Under Part III of the National Health Service Act, 1946 (as amended by the Mental Health Act, 1959)—health centres ; care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of

illness and after-care (apart from the care or after-care in residential accommodation of persons suffering from mental illness); and domestic help.

(*b*) The registration and regulation of private day nurseries and child minders (under the Nurseries and Child Minders' Regulation Act, 1948).

The only county district council in the administrative county of Derbyshire entitled automatically to delegation was the Municipal Borough of Chesterfield, and "The Chesterfield Health and Welfare Services Delegation Scheme, 1960" came into operation on 1st November, 1960. A copy of this Scheme appears in Appendix I to this Report.

Three other district councils (Blackwell, Chesterfield, and South-East Derbyshire Rural District Councils) applied to the Minister for consent to make delegation schemes, but after considering the factors mentioned in their applications, as well as the County Council's observations, the Minister informed them that he was unable to consent to their applications.

The Chesterfield Borough Council also applied to the Minister for the delegation of the County Council's functions under Section 28 of the National Health Service Act (as amended by the Mental Health Act, 1959) so far as they relate to the care or after-care in residential accommodation of persons suffering from mental illness. The Minister can give his consent to the inclusion of these additional functions in a scheme of delegation only if he is satisfied after consultation with the County Council that there are "exceptional circumstances" justifying the exercise of the functions by the borough council. The Minister came to the conclusion that no exceptional circumstances exist in the Borough of Chesterfield to justify the delegation of these additional functions.

It is open to the borough and district councils to apply again for the Minister's consent in 1968, or at an earlier date if the area of the borough or rural district is altered or their circumstances are otherwise affected by an order of the Minister of Housing and Local Government made in pursuance of a review by the Local Government Commission for England or by the County Council under the provisions of Section 28 of the Local Government Act, 1958.

LOCAL GOVERNMENT ACT, 1933 (SECTION 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consultations with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer/School Medical Officer. The following table shows the position as at 31st December, 1960 :—

Area No.	*County Districts*	*Population*	*Whether Section 111 scheme is operative*	*Proportion of time of Medical Officer devoted to*	
				District Council work	*County Council work*
1	Clay Cross Urban ..	10,050	Yes	Whole-time	None
	Dronfield Urban ..	11,010			
	Staveley Urban ..	17,480			
	Chesterfield Rural ..	96,740			
		135,280			
2	Bolsover Urban ..	11,730	Yes	8/11ths.	3/11ths.*
	Blackwell Rural ..	43,720			
	Clowne Rural ..	19,420			
		74,870			
3	Glossop Borough ..	17,340	Yes	9/22nds.	13/22nds*
	New Mills Urban ..	8,440			
		25,780			
4	Buxton Borough .	19,270	Yes	7/11ths.	4/11ths.*
	Whaley Bridge Urban	5,250			
	Chapel-en-le-Frith Rural	18,410			
		42,930			
5	Bakewell Urban ..	3,620	No.	Part-time.	None
	Matlock Urban ..	18,620			
	Bakewell Rural ..	18,660			
		40,900			
6	Long Eaton Urban	31,480	Yes	7/11ths	4/11ths*
	S.E. Derbyshire Rural	94,550			
		126,030			
7	Swadlincote Urban ..	19,670	Yes	8/11ths	3/11ths*
	Repton Rural ..	38,900			
		58,570			
8	Ilkeston Borough ..	35,050	Yes	8/11ths	3/11ths*
	Alfreton Urban ..	23,460			
	Heanor Urban ..	24,070			
	Ripley Urban ..	17,900			
		100,480			
9	Ashbourne Urban ..	5,540	In operation apart from Wirksworth Urban District	6/11ths	5/11ths*
	Belper Urban ..	15,840			
	Wirksworth Urban ..	5,010			
	Ashbourne Rural ..	11,680			
	Belper Rural ..	30,570			
		68,640			
10	Chesterfield Borough	67,830	Yes	52%	48%†

*Indicates that the Medical Officer of Health also acts as an Assistant County Medical Officer/School Medical Officer.

†The Medical Officer of Health is also the Medical Officer for the purposes of "The Chesterfield Health and Welfare Services Delegation Scheme 1960."

COUNTY OF DERBY. Year

TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL CAUSES

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POP Census 1931
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	6,337	16,884
CHESTERFIELD (Borough) ..	J. A. Stirling, M.B., Ch.B., D.P.H. ..	8,472	64,160
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H.	2,349	8,781
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	3,452	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.B., B.Ch., D.P.H. ..	3,323	20,001
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,482
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596
NEW MILLS	M. Sutcliffe, M.B., B.Ch., D.P.H. ..	5,244	8,626
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,713
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H.	6,504	17,845
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ..	3,755	20,604
WHALEY BRIDGE	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	3,479	4,860
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B. ..	4,016	4,855
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	47,074	23,106
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH ..	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	103,393	18,449
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H. ..	69,139	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	M. Allan, M.B , Ch.B., D.P.H. ..	65,653	26,438
S.E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,204	41,097
TOTALS OF RURAL DISTRICTS ..		537,391	267,400
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
TOTALS OF WHOLE COUNTY ..		635,456	607,691

* Adjusted to make allowance for sex an

Ended December 31st, 1960.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

ULATION					*Rate per 1,000 of Estimated Population**			*Comparability Factors*	
Census 1951	Esti-mated Mid-1960	Census 1961 (Prov-isional)	Births (Live)	Deaths	Birth Rate	Death Rate	Infant Death Rate per 1,000 Births	for Births	for Deaths
23,385	23,460	22,998	358	242	14.80	12.17	19.55	0.97	1.18
5,439	5,540	5,656	75	69	13.95	11.71	13.33	1.03	0.94
3,356	3,620	3,603	31	72	8.99	10.15	—	1.05	0.51
15,714	15,840	15,563	202	213	12.62	11.16	14.85	0.99	0.83
10,817	11,730	11,770	226	101	19.28	11.28	44.24	1.00	1.31
19,568	19,270	19,236	367	261	19.81	12.60	16.35	1.04	0.93
68,558	67,830	67,833	1,030	845	14.58	12.83	19.42	0.96	1.03
8,553	10,050	9,173	137	105	12.68	12.95	36.49	0.93	1.24
7,627	11,010	11,294	243	96	19.20	11.86	41.15	0.87	1.36
18,004	17,340	17,490	278	256	16.51	13.14	10.79	1.03	0.89
24,406	24,070	23,867	366	235	14.90	12.11	13.66	0.98	1.24
33,677	35,050	34,672	551	336	15.57	12.37	12.71	0.99	1.29
28,641	31,480	30,464	531	312	16.70	11.40	15.07	0.99	1.15
17,756	18,620	18,486	271	219	14.85	11.65	22.14	1.02	0.99
8,475	8,440	8,510	121	114	15.19	13.37	8.26	1.06	0.99
18,192	17,900	17,601	239	206	13.35	13.23	25.10	1.00	1.15
17,945	17,480	18,071	300	163	16.82	12.50	20.00	0.98	1.34
20,907	19,670	19,222	281	230	14.14	13.68	17.79	0.99	1.17
5,365	5,250	5,293	66	50	12.95	9.93	60.60	1.03	1.04
4,893	5,010	4,930	70	69	14.39	14.18	42.85	1.03	1.03
361,278	368,660	365,732	5,743	4,194	15.42	12.51	20.20	0.99	1.10
12,019	11,680	11,219	184	122	17.49	11.39	16.31	1.11	1.09
19,282	18,660	18,599	250	230	14.74	11.22	4.00	1.10	0.91
28,193	30,570	33,711	484	323	16.62	10.78	28.92	1.05	1.02
43,112	43,720	43,800	758	462	16.82	13.32	25.06	0.97	1.26
19,006	18,410	18,366	249	220	15.15	11.71	20.08	1.12	0.98
75,745	96,740	100,851	1,715	870	16.49	12.41	21.57	0.93	1.38
19,072	19,420	19,769	327	193	17.01	11.73	33.64	1.01	1.18
31,570	38,900	37,579	674	400	17.32	10.59	17.80	1.00	1.03
75,893	94,550	95,597	1,878	863	18.47	11.59	12.78	0.93	1.27
323,892	372,650	379,491	6,519	3,683	17.15	11.76	19.32	0.98	1.19
361,278	368,660	365,732	5,743	4,194	15.42	12.51	20.20	0.99	1.10
685,170	741,310	745,223	12,262	7,877	16.21	12.11	19.74	0.98	1.14

age distribution of population, etc.—see remarks on pages 14—15.

GENERAL SANITARY ADMINISTRATION

Estimated number of houses :—

Municipal Boroughs and Urban Districts	121,201
Rural Districts	121,757
	242,958

	Municipal Boroughs and Urban Districts			*Rural Districts*		
	No. on Register	*Increase or Decrease during 1960*	*Inspections made*	*No. on Register*	*Increase or Decrease during 1960*	*Inspections made*
Bakehouses	157	—5	559	44	—4	96
Canal Boats	—	—	—	—	—	—
Common Lodging Houses ..	3	—	85	—	—	—
Dairies	85	—	434	46	—	38
Factories and Workplaces ..	1,859	+35	1,671	944	+53	1,170
Houses Let in Lodgings ..	7	+1	13	—	—	—
Ice Cream Premises—						
(*a*) Manufacturers	27	—1	167	14	—	35
(*b*) Dealers	1,492	+100	1,092	1,178	+36	485
Market Stalls	389	+8	6,162	45	—	501
Milk Distributors	473	+7	432	354	+5	282
Moveable Dwellings—						
(*a*) Sites	93	+15	246	174	+27	652
(*b*) Dwellings	502	+40	913	767	—77	3,045
Offensive Trades	16	—	42	4	+1	12
Outworkers	729	+83	121	280	—14	118
Preserved Food Stores	530	+5	1,706	266	—4	472
Shops	5,501	—16	4,842	2,952	+46	2,230
Slaughterhouses—						
(*a*) Public Abbattoirs ..	1	—	674	—	—	—
(*b*) Private	75	—9	9,474	80	—10	11,261
Knackers Yards	3	—	41	7	—2	38

Water Supplies

One scheme of water supply was submitted to the Rural Water Supplies and Sewerage Act Sub-Committee of the County Council during the year. This was for providing water mains in the Parishes of Mickleover, Findern, Twyford and Stenson, in the Repton Rural District, mainly for agricultural purposes at an estimated cost of £10,270.

The following table summarises the information regarding water supplies in the county. It shows that 99.6% of the population of the Boroughs and Urban Districts has a mains water supply available, whilst the corresponding figure for the Rural Districts is approximately 97%.

	Municipal Boroughs and Urban Districts		*Rural Districts*	
		Estimated Population Involved		*Estimated Population Involved*
No. of Houses :				
(*a*) Connected to mains	120,217	367,073	115,917	361,969
(*b*) Supplied from standpipes on mains	114	347	217	739
(*c*) not supplied from standpipes or mains	425	1,778	3,418	10,985
No. of Connections made during year :				
(i) existing houses	9	20	84	261
(ii) new houses	1,474	—	3,619	—
(iii) other premises	70	—	53	—

Sewerage and Sewage Disposal.

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 97.4% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of approximately 89%. It is clear that a number of additional schemes are required in some of the Rural Districts before the position can be said to be satisfactory.

	Municipal Boroughs and Urban Districts		*Rural Districts*	
		Estimated Population Involved		*Estimated Population Involved*
No. of Houses :				
(*a*) connected to sewers	117,775	359,262	108,461	337,894
(*b*) not connected to sewers ..	3,139	9,506	13,292	40,242
No. of connections made during year :				
(i) existing houses	37	118	463	1,438
(ii) new houses	1,888	—	2,738	—
(iii) other premises	14	—	39	—
No. of conversions of other closets to W.C.s	110	—	546	—

The following schemes of sewerage and sewage disposal have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee of the County Council during the year :—

Authority submitting scheme	Parish	Estimated cost
Ashbourne R.D.C.	Yeaveley Village ..	£7,641
Belper R.D.C.	Parishes of Shottle and Postern, and Hazelwood ..	£18,998
Chapel-en-le-Frith R.D.C. ..	Wormhill (Upper End)	£24,275

Housing.

The following Table on Housing shows that out of an original estimate (in 1955) of 10,706 unfit houses, a total of 5,275 have now been demolished or closed; not quite half the original figure but nevertheless an improvement on the previous year's figures. The effect of the 1959 Housing Act authorising the use of "standard grants" is clearly reflected in the Table of Improvement Grants. During 1960, altogether 1,854 grants were made as against 1,157 in 1959.

SLUM CLEARANCE FOR SIX YEARS FROM 1955

	Municipal Boroughs and Urban Districts	*Rural Districts*
Estimated No. of unfit houses at 1955	5,244	5,462
Total No. of houses demolished or closed 1955 to 31/12/1960	2,583	2,692
Houses demolished :—		
(*a*) in Clearance Areas	370	104
(*b*) not in Clearance Areas	145	191
Unfit houses closed	123	47
Unfit houses made fit and houses in which defects were remedied	2,680	1,305
Unfit houses in temporary use	7	210
Houses in Clearance Areas purchased	119	75

IMPROVEMENT GRANTS

	No. approved for conversion or improvement (Housing Act 1958)	*No. approved for improvement (Housing Act 1959) ('standard grants')*
Municipal Boroughs and Urban Districts	450	607
Rural Districts	344	453

NEW HOUSING

	No. of new dwellings completed during 1960	
	by local authorities	*by private enterprise*
Municipal Boroughs & Urban Districts..	886	1,026
Rural Districts	962	1,888

Swimming Baths.

The following Table shows the number of swimming baths in the County, and the results of the investigations of the samples taken.

	No. of Baths		*Samples taken*	
	Public	*Private (Open to Public)*	*Satisfactory*	*Unsatisfactory*
Municipal Boroughs & Urban Districts	11	5	120	20
Rural Districts	2	2	5	—

Refuse Collection and Disposal.

The position in the Administrative County area with regard to refuse collection is that all authorities except two carry it out by direct labour. Ilkeston Borough and Bakewell Rural District employ contractors for this work. There are a total of 59 tips in use. It is claimed that 46 of them are fully "controlled", and 13 "uncontrolled". Although the difficulty of recruiting labour for this type of work is very real at present, much can be done with mechanical aids, bonus schemes etc.

	Collection		*Disposal*		
	Direct Labour	*Contract*	*No. of Controlled Tips*	*No. of Uncontrolled Tips*	*Incinerators*
Municipal Boroughs & Urban Districts	19	1	21	5	2
Rural Districts	8	1	25	8	—

Prevention of Atmospheric Pollution.

County district councils now have considerable powers under the provisions of the Clean Air Act, 1956, to control atmospheric pollution. Such provisions can be broadly divided into two parts, viz :—

(*a*) general regulatory powers;
(*b*) power to establish smoke control areas.

District Councils may also make bye-laws requiring new buildings to have satisfactory arrangements for heating and cooking so as to prevent the emission of smoke.

Many Authorities in the County are taking an active interest in this vital matter. In particular, many are maintaining recording apparatus and taking regular readings. The following are some examples of such records, which may be of general interest.

Station	*Readings*			
	Total Solids (Tons per sq. mile)		*Sulphur Absorbed (Mg. per 100 sq. cms. per day)*	
	Monthly		*Daily average over each month*	
	Highest	*Lowest*	*Highest month*	*Lowest month*
Bolsover U.D.C.				
Woodhouse Lane, Bolsover	20.86	8.38	—	—
Moor Lane, Bolsover	17.89	8.49	2.88	0.83
Cundy Road, Bolsover	—	—	2.87	0.33
Chesterfield Borough				
Queens Park	15.56	7.68	2.37	0.39
St. John's Road Depot	26.87	13.97	2.56	0.72
Sewage Works	21.56	11.01	2.12	1.21
Heanor U.D.C.				
Average monthly deposit over 12 months 10.21 tons per square mile.				
Staveley U.D.C.				
Hartington Colliery	31.44	14.19	4.91	1.98
Markham Road, Duckmanton	44.99	16.24	2.21	0.54
Chesterfield Road Farm	33.45	18.27	3.52	1.04
Swadlincote U.D.C.				
Average monthly deposit over 12 months 15.56 tons per sq. mile.				
Average sulphur determination over 12 months 1.87 mg. per day.				
Blackwell R.D.C.				
Hamlet Lane, Sth. Normanton				
Average monthly deposits over 12 months 9.43 tons per sq. mile				
Average sulphur determination over 12 months 1.72 mg. per day.				
Glapwell Hill.				
Average monthly deposits over 12 months 14.58 tons per sq. mile.				
Average sulphur determination over 12 months 0.91 mg. per day.				

Generally speaking, authorities are seeking to improve the position by informal action, particularly as far as industrial undertakings are concerned.

With regard to smoke control areas the following report has been received from Chesterfield Borough :—

> "During the year detailed surveys have been carried out for the establishment of two smoke control areas following preliminary approval being given by the Ministry of Housing and Local

Government to proposals submitted towards the end of 1959. Following the completion of these surveys Smoke Control Orders have been made by the Council as follows : (*a*) The Chesterfield No. 1 (Central) Smoke Control Order, 1960, which embraces an area of approximately ninety acres in the centre of the Town and contains 644 premises of which 191 are domestic dwellings. The Order was made by the Council on 1st March, 1960, and submitted to the Minister for confirmation. Following an objection to the Order by a resident in the area a Public Inquiry was held. The Order was, however, subsequently confirmed by the Minister on 12th September, 1960, and becomes operative on 1st June, 1961. (*b*) The Chesterfield No. 2 (Newbold) Smoke Control Order, 1960, which comprises an area of approximately 428 acres in the north west of the Borough, largely developed in the post war years as a Corporation housing estate and containing a total of 1,509 premises, has been made by the Borough Council and submitted to the Minister for confirmation.

The Borough Council also submitted to the Minister a five year programme of Smoke Control for the Borough in which it is proposed to progressively extend such control to an area of approximately 1,800 acres containing some 6,600 premises."

Milk Sampling.

Of all the milk samples taken during the year there were only six failures and these were of the Methylene Blue Test and all of raw milk. It is certainly satisfactory to know there were no failures from heat treated milk samples.

As a result of the biological examinations, six samples of milk were found to contain Brucella Abortus and none contained Tubercle Bacilli.

	Raw Milk		*Heat-treated Milks*					
			Pasteurised				*Sterilised*	
	Meth. Blue Test		*Meth. Blue Test*		*Phos Test*		*Turbidity Test*	
	Sat.	*Unsat.*	*Sat.*	*Unsat.*	*Sat.*	*Unsat.*	*Sat.*	*Unsat.*
Municipal Boroughs & Urban Districts	82	5	272	—	319	—	20	—
Rural Districts ..	6	1	61	—	45	—	7	—

	Biological Examinations			
	No. examined for tubercle	*No. Positive*	*No. examined for B. Abortus*	*No. Positive*
Municipal Boroughs & Urban Districts—				
(*a*) Tuberculin-Tested ..	128	—	11	—
(*b*) Ungraded	13	—	11	4
Rural Districts—				
(*a*) Tuberculin-Tested ..	18	—	21	2
(*b*) Ungraded	—	—	—	—

Ice Cream Sampling.

The ice cream sampling figures given below show that fewer samples were taken in 1960 than in 1959, but that more samples were placed in the higher gradings. In fact, 90.5% of the samples examined fell into Grades 1 and 2.

	No. of Samples Taken	*No. in provisional grade**			
		1	2	3	4
Municipal Boroughs & Urban Districts	378	274	78	17	9
Rural Districts	149	85	40	19	5

* The appendix to Ministry of Health Circular 8/59 gave advice on tests for practical cleanliness of ice cream. The following is the "recommended provisional grading based on the methylene blue reduction test, in which reading are taken half-hourly":—

Provisional grade	*Time taken to reduce methylene blue*
1	fails to reduce in 4 hours.
2	2½-4 hours.
3	½-2 hours.
4	0.

MIDWIVES ACTS, 1936-1951

The Midwives Acts are administered by the County Council as the supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1960 there were 183 Midwives on the County Roll—five were Midwives working in private Nursing Homes; seventy-six were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; and seventy-four were County Midwives and twenty-eight were County Home Nurse/Midwives.

Records Received.—The following Table gives the records received, with corresponding figures for the previous years :—

	1955	1956	1957	1958	1959	1960
Records received :—						
Medical Help	433	411	352	738	751	542
Stillbirths	119	118	129	137	114	112
Deaths of Children	68	54	71	67	55	44
Deaths of Mothers	1	2	1	2	—	3
Laying out the dead	13	27	15	15	20	12
Liability to be a source of infection	30	44	46	42	45	30
Notification of Artificial Feeding (within 14 days)	610	623	741	874	898	499*
Puerperal Pyrexia—Midwives' Cases	15	10	13	7	6	9
Ophthalmia Neonatorum—all cases	6	4	5	3	3	2

*From the 1st July, 1960, The Midwives (Amendment) Rules, Approval Instrument, 1960, removed the requirement to notify the local supervising authority in each case in which artificial feeding is adopted.

PUERPERAL PYREXIA

The Puerperal Pyrexia Regulations, 1951, require puerperal pyrexia to be regarded as a notifiable disease. Puerperal Pyrexia is defined as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after child birth or miscarriage."

The following Table shows the total number of cases of puerperal pyrexia notified to me over the past ten years and the case rate from this condition per 1,000 births.

Year	*No. of cases of Puerperal Pyrexia*	*No. of Live Births and Still Births in Whole County*	*Case rate per 1,000 Births*
1951 ..	21	10,846	1.94
1952 ..	36	10,623	3.39
1953 ..	54	11,272	4.79
1954 ..	44	10,391	4.23
1955 ..	23	10,351	2.22
1956 ..	25	11,021	2.27
1957 ..	21	11,721	1.79
1958 ..	18	11,861	1.52
1959 ..	20	12,154	1.64
1960 ..	17	12,546	1.35

MATERNAL MORTALITY

The maternal mortality rate for the whole County for the year 1960 was 0.33 per thousand live- and still-births. The following Table gives the maternal mortality rate in the County since 1941. (The figures up to and including the year 1947 exclude the Borough of Chesterfield).

Year	*Rate*	*Year*	*Rate*
1941	2.57	1951	1.028
1942	2.43	1952	0.749
1943	2.20	1953	0.55
1944	1.32	1954	0.75
1945	1.42	1955	0.38
1946	1.37	1956	0.62
1947	1.11	1957	0.51
1948	0.72	1958	0 .51
1949	1.01	1959	0.41
1950	1.44	1960	0.33

(The Registrar-General makes available to local authorities annual statistics showing the number of deaths occurring in the County under various headings. Up to 1950 two of these headings were entitled "Puerperal and Post-Abortion Sepsis" and "Other Maternal Causes" respectively. These statistics were used to estimate the maternal mortality rate per thousand live and still births. From 1950 deaths under the above headings have not been categorised in the Registrar's returns, but have been replaced by a single item entitled "Pregnancy, Childbirth, Abortion." For this reason the figures for 1950 and subsequently are not strictly comparable with the Maternal Mortality rates in earlier years).

OPHTHALMIA NEONATORUM

The incidence of Ophthalmia Neonatorum during the year 1960 and the results of treatment are set out in the following Table :—

Notified	*Cases Treated*		*Vision Un-Impaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
	At Home	*In Hospital*				
2	2	—	2	—	—	—

The number of cases and the results of treatment over the past twenty years, are expressed below in tabular form.

Year	*No. of Cases*	*Vision Unimpaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
1941	24	23	–	–	1
1942	29	29	–	–	–
1943	31	29	1	–	1
1944	23	22	–	–	1
1945	21	21	–	–	–
1946	14	13	–	–	1
1947	10	10	–	–	–
1948	6	6	–	–	–
1949	*7	6	–	–	–
1950	7	7	–	–	–
1951	7	7	–	–	–
1952	3	3	–	–	–
1953	4	4	–	–	–
1954	3	3	–	–	–
1955	6	6	–	–	–
1956	4	4	–	–	–
1957	5	5	–	–	–
1958	3	3	–	–	–
1959	3	3	–	–	–
1960	2	2	–	–	–

* Note—One case transferred out of area.

REGISTRATION OF NURSING HOMES

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the Weights and Measures and Miscellaneous Services Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1960 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below :—

Name and Address of Nursing Home	*Accommodation approved*
Portland Nursing Home, "Craiglands," The Park, Buxton	15 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
Ednaston Lodge, St. Mary's Nursing Home, Ednaston	20 Medical and Surgical Cases.
Borrowash House, Borrowash, Derby ..	17 Unmarried Mothers.

TUBERCULOSIS

New Cases and Deaths.—Tuberculosis was made notifiable in 1912 and the first available figures for new cases are for 1914. Since then great progress has been made in the campaign against tuberculosis. The new cases reported of all forms of the disease have decreased from 1,229 in 1914 to 302 in 1960, and the deaths from 539 to 44. This is due to many factors such as improved sanitation, and the higher standard of living, coupled with the fact that through the influence of the National Health Service Act greater emphasis has been placed on health matters generally leading to people seeking medical advice earlier than previously. Mass Radiography has played an important part in the discovery of the disease at an early stage when treatment can be more beneficial. Higher rates of National Insurance Benefits help families when the wage-earner has had to give up work in order to undertake treatment, which is often rather lengthy. The examination of contacts, with a view to tracing possible sources of infection, and the discovery of early cases, is a matter of great importance, in which the Medical Officer of Health and the Health Visitor, as well as the Chest Physician, each having their respective parts to play.

The following table shows the number of new cases, and deaths, in 1914 and thereafter at ten-yearly intervals to 1954, with the final figures for 1960 :—

TUBERCULOSIS

	Respiratory		*Non-Respiratory*	
	New Cases	*Deaths*	*New Cases*	*Deaths*
1914	867	383	362	156
1924	829	359	338	117
1934	442	243	202	74
1944	432	202	163	43
1954	391	80	62	12
1960	267	39	35	5

In latter years the number of respiratory cases occurring in both the male and female age groups fifteen to forty-four has decreased ; but on the other hand the number of respiratory cases occurring in males in the age group forty-five and over has increased considerably, whilst the number of females in that age group has remained constant.

The giving of B.C.G. to the older school children has not yet been in operation long enough to affect the number of cases of tuberculosis occurring in young adults, but this is a point which should not be overlooked in the future. It has been pointed out that "as these children join the fifteen to twenty and twenty to twenty-five year age groups the rate of decline in respiratory tuberculosis should increase." Non-respiratory tuberculosis is becoming a rare disease: only thirty-five cases were reported in 1960.

SUMMARY OF NEW CASES REPORTED FROM 1951 UNTIL 1960 INCLUSIVE

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Respiratory										
Males	294	276	253	238	204	195	212	209	184	175
Females	170	212	169	153	110	126	119	105	83	92
Total	464	488	422	391	314	321	331	314	267	267
Non-Respiratory										
Males	36	32	23	30	34	23	25	18	12	19
Females	47	49	34	32	34	28	31	34	28	16
Totals ..	83	81	57	62	68	51	56	52	40	35
Total Pul. and Non-Pul. ..	547	569	479	453	382	372	387	366	307	302

New cases of tuberculosis during 1960 either "notified" or coming to the knowledge of the Authority by other means, e.g., death returns from Local Registrars or the Registrar General.

Age Groups ..	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	*Total All Ages*
Respiratory—														
Males	–	2	5	3	3	10	7	19	19	35	39	23	10	175
Females.. ..	–	1	5	4	4	10	14	22	8	9	11	2	2	92
Non-Respiratory—														
Males	–	–	3	2	2	2	–	2	5	2	–	1	–	19
Females.. ..	–	–	–	2	2	1	1	3	2	3	1	–	1	16
Total ..	–	3	13	11	11	23	22	46	34	49	51	26	13	302

Deaths from Tuberculosis.

The following Table gives details for the last five years :—

	1956	1957	1958	1959	1960
Respiratory	51	51	46	34	39
Non-respiratory	6	5	5	5	5
	57	56	51	39	44

The death rate per 1,000 of the population during each of the last five years is as follows :—

	1956	1957	1958	1959	1960
Respiratory	0.08	0.07	0.06	0.046	0.052
Non-respiratory	0.01	0.01	0.01	0.007	0.007
	0.09	0.08	0.07	0.053	0.059

The provisional figure for England and Wales supplied by the Registrar General for 1960 is 0.075 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last twelve years.

Year	*New Cases*	*Deaths*
1949	592	205
1950	514	172
1951	547	142
1952	569	122
1953	479	125
1954	453	92
1955	382	84
1956	372	57
1957	387	56
1958	366	51
1959	307	39
1960	302	44

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

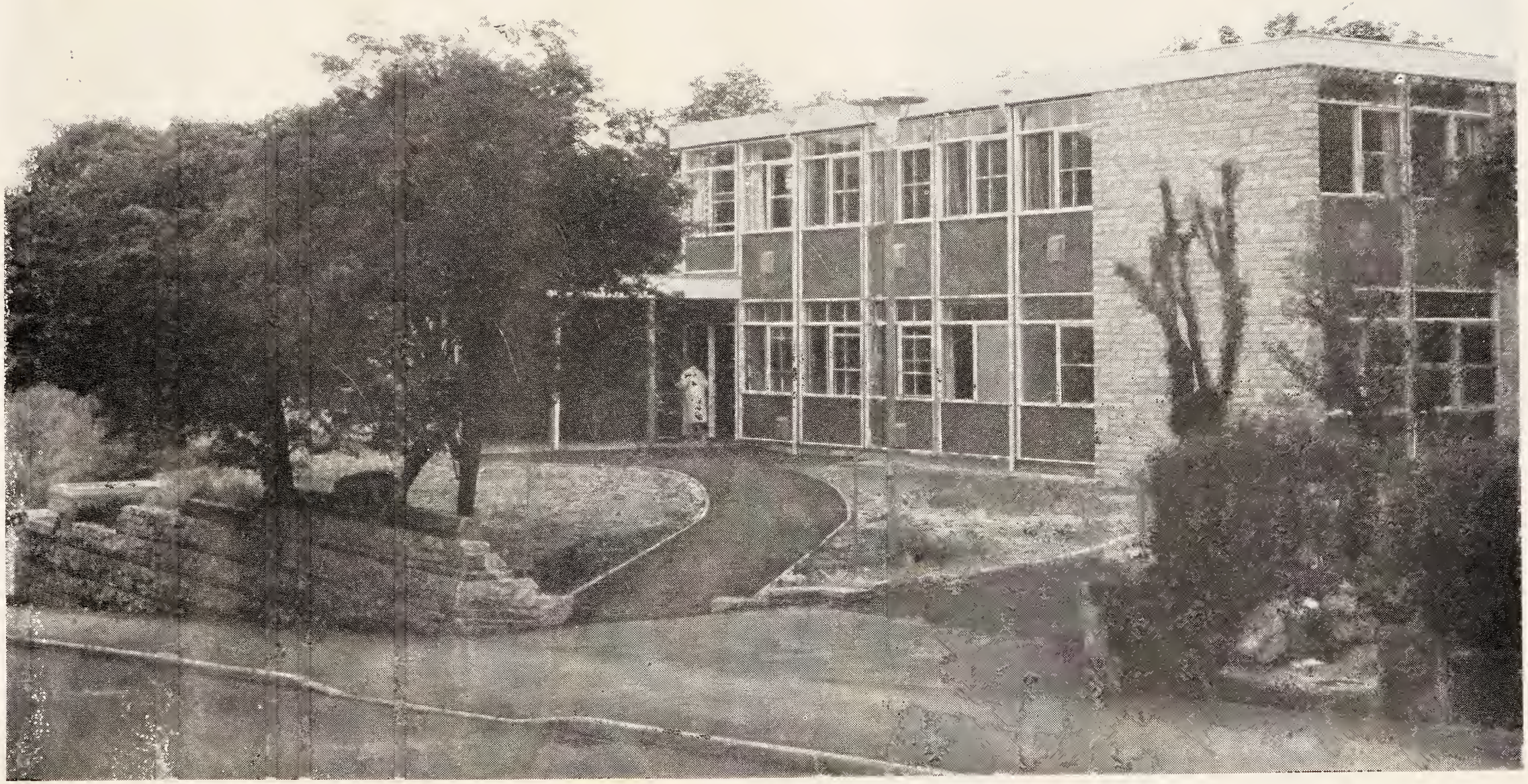
ANTE-NATAL SCHEME

Twenty-five Ante-Natal Clinics are maintained by the Authority: seven in Municipal Boroughs, twelve in Urban Districts and six in Rural Districts. Twenty-four of the Clinics are conducted by the County Council's Maternal and Child Welfare Medical Officers, and the remaining one by a Consultant Obstetrician provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-natal Clinics (apart from the two which serve residents in Chesterfield Borough) are as follows :—

ALFRETON ..	County Council Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
ASHBOURNE ..	Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne. Each Thursday, 1.30 p.m. to 4.15 p.m.
BELPER	County Council Clinic, The Cedars, Field Lane, Belper. 1st and 3rd Mondays, 9 a.m. to 12.30 p.m.
BOLSOVER ..	County Council Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4.15 p.m.
BUXTON* ..	County Council Clinic, Bath Road, Buxton. 1st and 3rd Tuesdays, 9 a.m. to 12.30 p.m.
CHADDESDEN ..	County Council Clinic, Maine Drive, Chaddesden. Each Monday, 1.30 p.m. to 4.15 p.m.
CHESTERFIELD	County Council Clinic, Brimington Road, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. (for patients residing outside Chesterfield Borough).
CLAY CROSS ..	County Council Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	County Council Clinic, Cresswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m. and 2nd, 4th and 5th Thursdays 9 a.m. to 12.30 p.m.
DERBY	County Council Clinic, Cathedral Road, Derby. Each Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD ..	County Council Clinic, The Grange, Dronfield. Each Monday, 9 a.m. to 12.30 p.m.
ECKINGTON ..	County Council Clinic, Gosber Street, Eckington. Each Tuesday, 9 a.m. to 12.30 p.m.
FRECHEVILLE ..	County Council Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Mondays, 9 a.m. to 12.30 p.m.
GLOSSOP** ..	County Council Clinic, George Street, Glossop. 2nd and 4th Mondays, 9 a.m. to 12.30 p.m.

*New Clinic, from July, 1961.
**New Clinic, from April, 1961.



County Council Clinic, Bath Road, Buxton.

County Council Clinic, Gosber Street, Eckington.

HACKENTHORPE	County Council Clinic, Main Road, Hackenthorpe. 2nd, 4th and 5th Thursdays, 1.30 p.m. to 4.15 p.m.
HEANOR	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesdays, 1.30 p.m. to 4.15 p.m.
ILKESTON ..	County Council Clinic, Albert Street, Ilkeston. 2nd and 4th Mondays, 2 p.m. to 4.15 p.m. and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON ..	County Council Clinic, 4 Nottingham Road, Long Eaton. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
MATLOCK ..	County Council Clinic, Dean Hill House, Causeway Lane, Matlock. 1st and 3rd Thursdays, 9 a.m. to 12.30 p.m.
RIPLEY	County Council Clinic, Derby Road, Ripley. 2nd and 4th Fridays, 1.30 p.m. to 4.15 p.m.
SHIREBROOK ..	County Council Clinic, Cliff House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY ..	County Council Clinic, Lime Avenue, Staveley. Each Thursday 9 a.m. to 12.30 p.m.
SWADLINCOTE	County Council Clinic, Alexandra Road, Swadlincote. 2nd and 4th Tuesdays, 9 a.m. to 12.30 p.m.

The following are the number of sessions and attendances at these Clinics during 1960:—

Half-day Sessions	1,319
Number of New Cases	2,732
Total number of attendances ..	12,796
Post-Natal visits	503

Routine X-Ray Examinations of Expectant Mothers.

A communication from the Sheffield Regional Hospital Board in July, 1959 intimated that, following consideration of the Interim Report of the Adrian Committee on radiological hazards to patients, the routine x-raying of expectant mothers at the Mass Miniature Radiography Centres would be discontinued. Arrangements have been made for full size films to be taken when carrying out routine x-ray examination of these patients.

Ante-Natal Care Related to Toxaemia.

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision.—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fortnight from 30th-36th week and every week, where possible, from the 36th -40th week. It is, however, difficult to evolve a "pattern of supervision" as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Examination.—A routine medical examination is carried out at the patient's first visit to the Clinic. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital Consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing.—All Medical Officers have been supplied with Sahli Haemoglobinometers so that haemoglobin estimations may be made. Ferrous sulphate and Ferrous Gluconate tablets are supplied at the clinic. Patients not responding to these tablets are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh. factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd—34th weeks on all Rh. negative patients when requested by the Regional Blood Transfusion Service.

Ante-Natal Records.—Each patient attending the clinic receives a card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with her appointment card and particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up Failures.—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water-tight system as the local authority are not informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Mothercraft and Relaxation Classes.

By the end of 1960 Classes had been started at the following County Council clinics :—

Alfreton; Buxton; Chaddesden; Clay Cross; Clowne; Derby; Dronfield; Eckington; Glossop; Hackenthorpe; Heanor; Ilkeston; Long Eaton; Matlock; Ripley; Shirebrook and Swadlincote.

These classes are usually conducted jointly by the Health Visitor for the area and one or more Midwives who have received special training in the technique of correct breathing, exercise and relaxation in pregnancy and child birth. Whilst each class varies slightly, the general procedure is as follows :—

Mothers are invited to attend a series of six—eight classes. The first class commences with a short introductory talk on the aims of the class and the proposed procedure. The Midwife then demonstrates the correct method of breathing and the approved exercises and supervises the mothers as they try to do them.

During this procedure the Health Visitor makes a cup of tea and the mother, the Midwife and the Health Visitor join in a discussion on various aspects of pregnancy, e.g.,

mental attitude of both parents;
need for regular medical and dental supervision;
welfare foods, maternity grants, etc.

At each succeeding class the Midwife instructs and supervises the exercises and these are followed by a talk, demonstration, or showing of a film strip. The class then terminates with a lively and helpful discussion when the mothers are urged to talk about their problems.

When more than six mothers attend the class is divided into two groups, the Midwife taking one for exercises whilst the Health Visitor talks to the others; they then change over.

The following subjects are covered usually by the Midwife :—

the preparation for the confinement;
the stages of labour and the normal delivery;
the administration of analgesia with demonstration of gas and air and trilene machines;
bathing the baby may be demonstrated either by the Midwife or the Health Visitor.

Talks or film strips by the Health Visitor include :—

diet and nutrition in pregnancy;
general conduct in pregnancy including suitable clothing and footwear and care of the breasts;
the preparations for the baby including layette, cot and pram;
care of the baby including feeding;
the post-natal examination; the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;
any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a film strip projector and have a variety of film strips available, including one showing a normal confinement.

At some classes sound films on normal confinement, breast feeding, correct lifting and "Jenny Comes Home," have been shown.

It would appear that these classes are excellent media for group teaching and discussion. The mothers enjoy them and are sorry when they are finished.

The Midwives report that the mothers are more co-operative during labour and delivery and the incidence of uterine inertia has decreased.

The Health Visitors report that "getting to know" the mothers beforehand is invaluable at the primary visits, and as a consequence there is a greater likelihood of the mothers bringing their babies subsequently to the infant welfare centres.

Special courses for midwives have been arranged by the Royal College of Midwives in Mothercraft and Relaxation, and up to the end of 1960, twenty-nine Midwives have attended. Ten midwives are being sent each year until all the midwives have had an opportunity of attending.

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the appropriate Bed Bureau.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available, providing arrangements are not left until the last moment. In most cases, however, applications are based on social need, and such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a Hospital or Maternity Home bed.

In practice the scheme has worked smoothly and no changes are envisaged at the present time.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances :—

	Bed Bureaux		
	Derby	*Chesterfield*	*Other Hospitals*
Suitable for home confinement	35	58	5
Hospital accommodation desirable but not essential	94	192	29
Home conditions unsuitable and hospital confinement necessary	281	672	94
Miscellaneous visits (i.e., cancellations, miscarriages, removals from district, etc.) ..	23	112	9

CHILD WELFARE CENTRES

During 1960 two more Infant Welfare Centres were opened in the County, namely, one additional at Breadsall and one at Brimington Road Clinic, Chesterfield to cater for children living outside the Chesterfield Borough; and one was closed at Marehay, bringing the total to ninety-eight.

The number of sessions and attendances at the County Council's Infant Welfare Centres during 1960 are set out below :—

Half-day sessions	4,513
Number of new cases under one year of age	9,065
Number of children who attended during the year and who were born in :—	
1960	7,761
1959	6,533
1958-55	4,875
Total number of children who attended during the year	19,169
Number of attendances by children who, at the date of attendance, were :—	
Under one year	109,676
One but under two	23,192
Two but under five..	12,180
Total attendances during the year ..	145,048

CARE OF PREMATURE INFANTS

(i.e., Babies weighing 5½lbs. or less at birth).

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. Since the inception of the National Health Service information has been obtained from hospitals regarding premature births and the survival of premature infants in hospitals, and from Local Health Authorities in respect of births at home or in Private Nursing Homes, together with information from both sources in respect of infants admitted to hospital after birth elsewhere. It was found by the Ministry of Health that this dual source of information gave rise to considerable inaccuracies and discrepancies in the returns, and as a consequence it was considered appropriate for the Local Health Authority, as the Authority ultimately responsible for the care of all infants in its area, whether born at home or in hospital, to assume responsibility for the collection and transmission of information in respect of all premature infants. Accordingly, from the beginning of 1953, the statistics provided by the Local Health Authority relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority.

Statistics for the year 1960 are set out below :—

Number of premature live births notified (as adjusted by transfer notifications) :—

(*a*)	In Hospital	593
(*b*)	At Home	207
(*c*)	In Private Nursing Homes	24
	Total	824

Number of premature still-births notified (as adjusted by transfer notifications) :—

(*a*)	In Hospital	124
(*b*)	At Home	16
(*c*)	In Private Nursing Homes	1
	Total	141

Of the 593 premature babies who were born in hospital forty-seven died within twenty-four hours of birth and 514 survived twenty-eight days.

Of the 207 born at home, fifty-six were transferred to hospital on or before the twenty-eighth day, and of the remainder two died within twenty-four hours of birth and 149 survived twenty-eight days.

Of the twenty-four born in Private Nursing Homes twenty-three survived twenty-eight days and one died within twenty-four hours.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid.

The equipment will be issued in units and each unit will comprise the following articles :—

1. One Cot Set consisting of (*a*) One Cot, (*b*) Two Cot Ends, (*c*) Four Rails, (*d*) Four Lining Rods, (*e*) One Tray, (*f*) One Box (*g*) One Key.
2. Two Cot Linings.
3. One Cot Mattress.
4. Four Cot Blankets.
5. One Feeding Bottle.
6. One Mucus Catheter.
7. Two Hot Water Bottles.
8. One Hot Water Bottle Cover.
9. One Mackintosh Sheet.
10. One Thermometer.
11. One set of Premature Infant Clothing comprising (*a*) Two Vests, (*b*) One Gown without hood, (*c*) Two Gowns with hood.

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate :—

Northern part of the County excluding the Borough of Chesterfield.

Telephone Nos.

Miss M. Blackbird,
Supervisor of Midwives,
County Clinic, Brimington Road,
Chesterfield — Day—Chesterfield 2773. Night—Chesterfield 6288.

Southern part of the County.

Miss P. Richards,
Supervisor of Midwives,
County Offices,
Matlock. — Day—Matlock 3411. Night—Horsley 602.

Chesterfield Borough only.

Mrs. M. C. Rhodes,
Supervisor of Midwives,
Town Hall, Chesterfield. — Day—Chesterfield 3232 Extn. 256. Night—Chesterfield 2909.

Phenylketonuria.

Phenylketonuria is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine with certain of its derivatives. A severe degree of mental deficiency is present in most cases, believed to be due to interference with brain development occasioned by the high concentration of phenylalanine in the blood; there may be associated epileptic seizures and other physical stigmata. A few cases with normal or near normal intelligence have been recorded. The condition is rare and on the basis of present knowledge it is quite likely that in the county one child will be born with this condition, on the average, not more frequently than once in two years—in fact, it may not be as often as that. It is believed that the *early* detection and treatment of this condition with a special diet is beneficial, and gives a reasonable chance of preventing, or mitigating, mental retardation. In any case, the patient is likely to be much more manageable, losing a troublesome restlessness; fits, if present, cease; and eczema clears up. By means of a simple test of a baby's urine, it is possible to determine whether the child is likely to have this condition. Even though the incidence is so small, the possibility of the prevention or lessening of the mental retardation which may be associated with this condition, makes it important to ascertain these children. The Derbyshire Local Medical Committee was consulted and approved the introduction of

phenylketonuria tests in Derbyshire under arrangements made by the County Health Committee, provided that the Doctors of patients concerned are notified of any positive results. Commencing in May, 1961, the Health visitors have been asked to test all the babies in their areas as soon as they reach three weeks of age.

Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietary preparations at Infant Welfare Centres and Ante-Natal Clinics at approximately cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tabs. Ferri. Sulphatis Co.), Ferrous Gluconate, and also of calcium with vitamins (Tab. Calciferol Co.) are prescribed by the Clinic Medical Officers in suiteable cases.

In October of the year under review S.M.A. Milk was added to the list of preparations supplied in previous years. ("S.M.A." stands for Scientific Milk Adaptation. This milk provides percentages of protein, fat and carbohydrate similar to those in human milk, and includes mineral salts and certain vitamins). The preparations now sold at Infant Welfare Centres are as follows :—

Virol.
Maltoline with Iron.
Colact.
Rose Hip Syrup.
Adexolin in Liquid Form.
Lactagol.
Ostermilk.
Ovaltine.
S.M.A. Milk.

WELFARE FOODS SERVICE

This service was continued on the same lines as in previous years, distribution taking place from Infant Welfare Centres supplemented by assistance from shops and other voluntary centres. The only noticeable trend was the continued decline in the sale of National Dried Milk which fell by about 17½% over the year. This is no doubt due to the fact that there is a wide range of proprietary baby foods available in the shops in addition to those sold at reduced prices in the Infant Welfare Centres. Issues of Vitamin A and D tablets showed a slight increase over the previous year while those of Cod Liver Oil and Orange Juice showed some falling off. Charges for Orange Juice and National Dried Milk remained at 5d. per bottle and 2/4d. per tin respectively.

The following table shows the issues of Welfare Foods in the County area in 1960 :—

	National Dried Milk Tins	*Cod Liver Oil Bottles*	*Vitamin A. & D. Packets*	*Orange Juice Bottles*
Issued against coupons—				
(*a*) By stamps	143,680	—	—	274,250
(*b*) Free	3,966	38,084	34,666	1,376
Issued to—				
N.H.S. Hospitals ..	576	—	—	744
Day Nurseries	50	312	—	662
Issued at full price ..	2,953	—	—	—
	151,225	38,396	34,666	277,032

During the year distribution was transferred to local shops at Hatton, Loscoe, Ockbrook, Scarcliffe, Swanwick and Wessington and to County Council Clinics at Brimington Road, Chesterfield and Derby Road, Ripley. The voluntary centre at Calver was closed owing to lack of attendance.

The following Table shows the numbers and types of distribution centres serving County residents :—

Location	*At County Council Clinics or Infant Welfare Centres*	*At other Premises*
Chapel-en-le-Frith	3	6
Glossop Borough	2	—
New Mills U.D.	1	—
Whaley Bridge U.D.	1	1
Buxton Borough	1	1
Bakewell R.D.	5	8
Bakewell U.D.	1	1
Matlock U.D.	2	8
Wirksworth U.D.	1	1
Ashbourne R.D.	—	4
Ashbourne U.D.	1	1
Repton R.D.	3	10
Swadlincote U.D.	1	1
Chesterfield R.D.	21	—
Chesterfield Borough ..	8	—
Bolsover	2	—
Staveley U.D.	2	—
Clay Cross U.D.	1	—
Dronfield U.D.	1	1
Clowne R.D.	3	—
Blackewell R.D.	6	4
Alfreton U.D.	2	3
Belper R.D.	3	6
Belper U.D.	1	1
Derby Borough	1	—
South-East Derbyshire R.D.	14	3
Ripley U.D.	3	—
Heanor U.D.	1	1
Ilkeston Borough	3	—
Long Eaton U.D.	1	1
Totals	95	62

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

The dental care for expectant and nursing mothers and pre-school children was integrated with that for school children and as much time as the staff shortage permitted was devoted to them. The numbers treated and the amount of work done was slightly less than in the previous year, due to a total of some 250 fewer treatment sessions, resulting from staff changes. There were 153 attendances by mothers and 907 by pre-school children.

In addition to the routine dental work, much effort was expended in attempts to inculcate an interest in dental health, not only at the dental clinics but at the ante-natal and infant welfare clinics, and also through the co-operation of the mid-wives and health visitors in the course of their daily duties. By means of talks, lantern slides, films and demonstration models, emphasis was laid upon the need and value of prevention. Opportunity was taken to distribute, to mothers-to-be and parents, a leaflet with simple, concise information on dental matters, and instructions on how care and prevention can be carried out in the home.

The following table gives the details of the work done.

	Expectant and Nursing Mothers			*Pre-School Children*		
	County	*Chesterfield Borough*	*Total*	*County*	*Chesterfield Borough*	*Total*
Number examined ..	89	7	96	631	137	768
Number with defects ..	73	7	80	473	125	598
Attendances	144	9	153	689	218	907
Number treated	62	7	69	411	125	536
Number made dentally fit	35	3	38	140	78	218
Fillings	36	—	36	21	20	41
Extractions	119	6	125	575	235	810
General Anaesthetics ..	13	3	16	251	112	363
Silver Nitrate treatment..	—	—	—	377	50	427
Dressings	9	4	13	20	27	47
Scalings	29	1	30	—	—	—
Radiographs	3	—	3	—	—	—
Full upper or lower dentures	11	—	11	—	—	—
Partial upper or lower dentures	2	—	2	—	—	—

ILLEGITIMATE CHILDREN

The following shows the way illegitimate children were cared for in the County during the year under review :—

1.	Number of illegitimate births known to the Welfare Authority for the period 1/1/60 to 31/12/60	234
	Number of unmarried mothers	178
	Number of married mothers	45
	Number of widows	5
	Number of divorcees	6
2.	The number in which the mother and child :—	
	(*a*) returned to live with mother's parents	79
	(*b*) returned to live with other relatives	9
	(*c*) found or were helped to find lodgings where they could live together (of these, 22 went to Borrowash House Mother and Baby Home, 3 went to The Firs, Bakewell, and 4 into lodgings).	29
	(*d*) had to separate (i) the child going to the care of a foster mother	—
	(ii) the child going to a Residential Nursery ..	3
3.	The number of illegitimate children who had been or were being legally adopted	45
4.	The number of mothers who have married since the birth of the child	9
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	50
6.	The number of illegitimate children who have died during the year (1 died within 2 days of birth)	4
	Still-births	3

During the year sixty-six unmarried mothers included in the total of 234 were accommodated in various Mother and Baby Homes, for whom financial responsibility was accepted by the Derbyshire County Council. (The Home for unmarried mothers at Vernon Street, Derby, was closed on 31st December, 1958, and since that date arrangements have been made to accommodate unmarried mothers at Borrowash House, or at Homes outside the County).

From April 1948 to May 1950, this service was free, but in May 1950 the County Health Committee resolved that the Home should be requested to collect the sum of £1 1s. 0d. per week from each girl accommodated, wherever possible, in view of the fact that she would be in receipt of benefits from the Ministry of National Insurance or the National Assistance Board. At the end of the year under review the amount collected from each girl was 40/–d. per week leaving her with 10/–d. per week pocket money. These benefits have again been increased with effect from the week commencing 3rd April, 1961 and the girls are now contributing 46/–d. per week and keeping 11/6d. per week "pocket money."

Welfare of Children in Hospital.

In February, 1959, the Ministry of Health issued Circular L.H.A.L. 2/59 in which attention was drawn to a Report of a Committee of the Central Health Services Council on "The Welfare of Children in Hospital." Whilst most of the recommendations contained in its 143 paragraphs referred to action to be taken by hospital authorities, there were a number of matters which directly concerned local health authorities. Some of the major points were mentioned in circular L.H.A.L. 2/59, as well as in a memorandum sent by the Minister to hospital authorities (H.M. (59)19) and in a letter to Executive Councils (E.C.L. 8/59). Copies of these three documents were sent to all the Council's medical staff, health visitors, home nurses and area home help organisers, and the matter was discussed at a meeting of the Maternal and Child Welfare Medical Officers and School Medical Officers in May, 1959.

Liasion with Hospital Authorities. School Medical Officers and General Practitioners keep each other informed of children requiring hospital treatment and special treatment by the Local Authority after discharge from hospital. Copies of reports on special cases to General Practitioners are received from Nottingham Children's Hospital, Burton-on-Trent General Hospital, Mansfield Children's Hospital, Chesterfield Hospital, Royal Sheffield Children's Hospital, and Derby Children's Hospital.

In addition, Consultants write direct when they want any follow-up or special school placing of a handicapped child. They also write reports to the School Medical Officers on handicapped children.

The hospitals are also in frequent contact with this Department requesting information about home conditions prior to discharge of babies from hospital; the Health Visitor visits the homes and her report is submitted to the hospital.

At the request of the General Practitioner, Almoner or Health Visitor, it is sometimes possible to provide temporary Home Help service in the event of illness. When such help is provided this may facilitate an earlier discharge of the patient from hospital; in other cases it may also help to avert the breaking up of a family where the mother has to be admitted to hospital.

Prevention of fear on admission to hospital in children. Health Visitors and Clinic Staff are very much aware of this problem. Both in their talks to mothers and in their more formal Health Education talks in clinics they advise on the preparation of a child for hospital admission and the necessity of frequent visiting by the parents. The film "A Two Year Old Goes to Hospital" has been shewn in support of these talks.

Child Guidance Service.

The Ministry of Health desires to have some information concerning the progress that has been made in the arrangements for members of child guidance "teams" to advise the medical and nursing

staff of child welfare clinics in such problems of emotional development and behaviour difficulties as they may encounter in their regular contacts with mothers and young children, as suggested in Circular 3/59.

In March, 1959, the Ministry of Health issued Circular 3/59, as well as a Memorandum (H.M. (59) 23) to Hospital Authorities on the subject of "Child Guidance"; the Ministry of Education at the same time issued Circulars 347 and 348 concerning respectively "Child Guidance" and "Special Educational Treatment for Maladjusted Children." The Circulars referred to the Report of the Committee on Maladjusted Children which was published in November, 1955 (the "Underwood" Report) which contained a number of recommendations on Child Guidance, and devoted four chapters to special educational treatment.

The object of Circular 347 was "to lay a sound basis for the present organisation of the service and for the planning of future developments as and when it is possible for them to take place." The Minister accepted the Underwood Committee's recommendations that "there should be a comprehensive child guidance service available for the area of every local education authority, involving a school psychological service, the school health service and child guidance clinic(s), all of which should work in close co-operation" and that "local education authorities and regional hospital boards should plan their provision of child guidance clinics in consultation." The Circular asked Authorities "to prepare plans now to give effect to these recommendations as and when the necessary staff can be obtained." The Circular referred to the usual structure of a child guidance team as consisting of a psychiatrist, psychologists and psychiatric social workers, possibly in the ratio of one psychiatrist, two psychologists, and three psychiatric social workers, although this was not a matter on which it was possible to be dogmatic. It was pointed out that "for some years to come availablity of staff must, in practice, be a determining factor."

The Ministry of Health's Circular 3/59 mentioned that "the provision of a child guidance service is mainly the responsibility of the hospital and local education authorities but co-operation is essential with the child welfare and preventive health services provided by local health authorities under the National Health Service Act. A particularly useful way in which co-operation can take place is for the child psychiatrist and possibly the members of the child guidance team to give guidance to the medical and nursing staffs of the child welfare clinics on problems such as emotional development and on the recognition of early behaviour difficulties."

The Special Services Sub-Committee of the Education Comittee, and the Joint Medical Services Sub-Committee (which consists of representatives of the County Health Committee and the Education Comittee) gave careful consideration to a very full report, by the Director of Education and the County Medical Officer of Health—who is also the Principal School Medical Officer—on the matters dealt with by the

above-mentioned Circulars. It was gratifying to note that in general the Authority were already carrying out, or had made plans to carry out, the recommendations made.

For some time past, under arrangements made with the Sheffield Regional Hospital Board, we have had the services of one Children's Psychiatrist who treated patients in the part of the administrative county which lies within the area of that Board. Informal arrangements also existed by which patients living in the part of Derbyshire within the area of the Manchester Regional Hospital Board were referred individually to the Children's Psychiatrist for that Region to see if treatment could be arranged.However, following representations made by the County Council, the Boards agreed to employ two Consultant Childrens' Psychiatrists (Dr. D. J. Salfield and Dr. F. G. Thorpe), each for 9/11ths of whole-time, the County Council paying 2/11ths of their respective salaries, so that child guidance teams directed by them could serve the whole administrative county. This came into operation on 8th August, 1960.

The staff of Educational Psychologists (who serve partly in the Schools' Psychological Service and partly in the Child Guidance Service) has latterly been increased, from five in 1959 to seven at present. The establishment also authorises the appointment of four Psychiatric Social Workers. Unfortunately, notwithstanding repeated efforts, it has not proved possible to recruit this staff and at the moment we have only one part-time Social Worker. (In his report which is quoted in my current Annual Report concerning the School Health Service, Dr. Thorpe comments that "The lack of a Psychiatric Social Worker limits the amount of casework we are able to do, but this deficiency appears to be an almost universal experience at the moment, as most Psychiatric Social Workers are very reluctant to move away from the teaching centres." Authority has also been given to appoint two Psychotherapists, and at the time of writing we have the services of one.

The Ministry of Health's Circular 3/59 particularly mentioned paragraph 17 of the Ministry of Education's Circular 347, in which reference is made to the need which may arise for a local health authority to assume responsibility for any children in need of child guidance who cannot be treated as part of the hospital or school health services. This, it was indicated, could be done under the local health authority's arrangements for the care of young children or the prevention of illness under the National Health Service Acts, and is similar to the joint use of, for instance, an Authority's dental clinics. This practice has obtained in this county from the inception of our child guidance arrangements many years ago.

The following broad programmes have been approved, which it will be noted include visits to hospitals, hostels and special schools, as well as to the County Council's child guidance clinics :—

	No. of notional half-days a week
Dr. Salfield :—	
"Main"Clinic—County Council Clinic, Cathedral Road, Derby	6
"Subsidiary" Clinics—Ilkeston; Ripley; Swadlincote ..	
Derbyshire Royal Infirmary	1
Derbyshire Children's Hospital	1
The Pastures Hospital; Bretby Hospital; Overseal Manor (E.S.N. Boys') Residential Special School; Brackenfield Day Special School (E.S.N.). Long Eaton; The Delves Day (E.S.N.) Special School, Swanwick (when opened); Stretton House Hostel	1
	9
Dr. Thorpe :—	
(i) Sheffield R.H.B. area— "Main" Clinic—Brambling House, Chesterfield; "Subsidiary" Clinics—Hackenthorpe; Matlock; (and Clowne and Eckington by appointment); Holly House Hostel; Stretton House Hostel; Brambling House Open-Air School and Children's Centre; Ashgate Croft (E.S.N.) Day Special School; Chesterfield Royal Hospital ..	7
(ii) Manchester R.H.B. area— "Main"Clinic—Buxton;"Subsidiary"Clinic—Glossop; John Duncan (E.S.N. Girls') School	2
	9

The visits of the various members of the child guidance teams to the clinics mentioned above facilitate liaison with other members of the health services staffs. Frequent opportunities arise for problems of mutual interest to be considered, either informally or at specially arranged "case conferences." The discussions may relate to maladjusted children, or range more widely to include educationally subnormal children or those afflicted with other handicaps.

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

Reports from the Maternal and Child Welfare Medical Officers were included in this part of my Annual Report for the first time in 1952. This year I wrote to the Maternal and Child Welfare Medical Officers in the following terms :—

> "As in previous years I am asking Maternal and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year. (Relevant excerpts may be quoted in my Annual Report).
>
> Medical Officers should report on the whole field of their work, including the following subjects :—
>
> (1) General health and nutrition of the children, including the level of Mothercraft observed among the Mothers attending Infant Welfare Centres in the area.
>
> (2) Cleanliness and communicable diseases.

(3) Immunisation procedures :—

(i) diphtheria immunisation;

(ii) whooping cough vaccination, etc.

(iii) poliomyelitis vaccination;

(4) The role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics or Infant Welfare Centres.

(5) Methods used at Ante-natal Clinics to follow up non-attenders and the measure of success obtained by these methods.

(6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authority.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples :—

(*a*) Observations on the premature baby.

(*b*) The incidence of breast feeding.

(*c*) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc.

(*d*) The early detection of mental defects.

(*e*) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.

(*f*) Problem families and evidence of child neglect.

(*g*) Accidents at play and in the home.

(*h*) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised.

I am giving you early notice of the matter because I am anxious to receive your report **not later than 9th January, 1961.**

Dr. I. M. McCullough, Senior Medical Officer for Maternal and Child Welfare.

"The number of domiciliary confinements during 1960 was approximately the same as last year. Some mothers prefer home confinement particularly those with young children. Provided medical and social conditions are satisfactory, patients feel less anxious and there is less upset in the household routine if the mother does not have to leave home. After delivery the infant often settles down more easily to a routine by avoiding the unsettled transition period when the mother returns home from hospital. Liaison between the midwife and health visitor ensures that mothers requiring extra help receive uninterrupted supervision. Unfortunately patients with large families who are advised to have hospital confinements are often reluctant to leave home. With improved housing conditions a large proportion of patients requiring hospital admission on social grounds do so because of lack of domestic help, as many have moved away from their relatives and friends. While a home help is the answer to some of these cases many husbands are on shift work and the normal working hours of a home help are insufficient to cover the period when help is required.

There continues to be an increase in attendances at Infant Welfare Centres. The younger population tend to move out on to new housing estates often on the periphery of an urban area. This means that mothers are not so conveniently situated to avail themselves of services provided at central clinics. Arrangements are being made to open in 1961 two new Infant Welfare Centres to help to meet this problem, which is kept continually under review.

The liaison between general practitioners and health visitors has improved since the doctors visit the clinics to collect vaccine. In some areas there is a frequent interchange of information which I think can be of mutual advantage to both doctors and health visitors.

There are still problem families scattered throughout the County which continue to need the supervision and help of field workers from many different departments. One mother with two children under five years went to Brentwood Recuperative Training Centre for convalescence and training for three months. On their return home their health had improved and the mother was more willing and able to cope with her housework. Further supervision and help will be necessary to see that the improved standard is maintained.

Eighty-six infants born in 1960 were placed on the Handicapped Children's Register. Some of these children have relatively minor defects but the majority have handicaps which will persist into later life and cause some degree of hardship when the child enters school. The most frequently recorded defect was that of spina bifida and hydrocephalus."

Dr. S. B. Blackburn.

1. *General health and nutrition* of children attending Infant Welfare Centres.

A uniformly high standard was observed in most areas amongst regular attenders—the occasional lapses being in poorer type of families and often associated with mothers of low mentality.

2. *Cleanliness and communicable diseases.* A high standard of cleanliness was seen in the vast majority of infants attending the Infant Welfare Centres. Communicable diseases were rarely seen at the clinics.

3. *Immunisation procedures.* A considerable boost to the number of requests for diphtheria immunisation was given by the recent publicity of several cases of diphtheria in the County. A very marked decrease in the number of poliomyelitis immunisations carried out at the clinics has been observed over the past year. In many cases this is due to the fact that general practitioners in the area are vaccinating their own patients.

4. *Health Education.* Facilities for organized health education depend largely on the space available in the clinics. The newer and better equipped clinics can arrange various aspects of health education which are impossible in the smaller and inconvenient clinics. At these, health education is confined to posters and displays and individual discussions and talks.

5. *Methods used at Ante-natal Clinics to follow-up non-attenders.* Attendances are usually regular. Defaulters are contacted either by a further appointment being sent them or direct communication from the midwife concerned.

6. *Integration of clinic services with other aspects of the Health Service.* In general there is good liaison between the clinics and hospitals.

Incidence of anaemia in ante-natal period. Gross anaemia was rare—only two cases severe enough to warrant blood transfusion were seen in the clinics I attended. A fairly high incidence of low grade anaemia was observed but it is my practice to prescribe to all pregnant women either Ferrous sulphate or Ferrous gluconate depending on the severity of their anaemia.

Relaxation and post-natal exercises. Relaxation classes have on the whole had a very beneficial effect—due not only to the exercises themselves but to the general explanations of the process of pregnancy and labour and instruction in mothercraft which are given at the classes.

Dr. M. B. Dastgir.

REPORT FOR OCTOBER—DECEMBER, 1960

1. The general health and nutrition of children seen in the clinics by me during this period is satisfactory. It is interesting to note that in weaning the first baby reliance is placed on tinned preparations to a very large extent and that once mother has several children the current baby eats everything from quite an early age. The level of mothercraft seen is high.

2. The cleanliness of mothers and children seen is adequate and I saw no communicable diseases during this period.

3. Mothers attending the ante-natal and infant welfare clinics are generally interested in and ask for immunisation and vaccinations. Reluctance to these procedures is very occasional and usually it is the primipara at the ante-natal clinic.

4. The Medical Officer and Health Visitor have enormous scope in health education at the clinic they attend. Posters are effective but probably the best method still is the personal "chat" between the health visitor or medical officer and the mother.

5. Non-attenders at the ante-natal clinics are visited by the midwife who is booked to deliver them. The usual cause of non-attendance is a domestic or minor illness one. A further appointment is given and

adhered to. I have only had one case who did not respond to this method. She was offered a car lift for herself and her young children to and from the clinic with an assurance of returning home within the hour. She still refused ante-natal care of any sort.

6. Integration of the clinic services with hospitals, general practitioners and local authorities is very good.

Breast Feeding : This is now not very common. Mothers try to persist in this method if it is the first baby. Even then there seems to be a high failure rate after the first six weeks have passed. I have not seen any baby who is the second or more in the family being breast fed.

Anaemia and the Ante-natal Period : I try to ascertain the haemoglobin of every pregnant woman on her first visit to ante-natal clinic and certainly once again during that pregnancy—now around the 32nd week or any other time should there be an indication. On the first visit the Hb. average has been around the 85% mark in the primipara and around 75% in the multipara. I am impressed by the direct relationship of social status of the mother and her Hb. level. Mothers I feel should take more preparations from the time that pregnancy is first diagnosed till their infant is six to eight months old. I think there ought to be more posters around advertising this and that clinic staff should likewise give constant instructions and emphasize the importance of iron tablets during this period.

Dr. E. M. M. Murphy.

Since I commenced duty as a Maternal and Child Welfare Officer with the Derbyshire County Council on September 19th 1960, I have visited a large number of Child Welfare and Ante-natal Clinics. I have been favourably impressed by the efficiency of all these clinics. A few points I would like to make in general :—

1. Many of the mothers at the Infant Welfare Clinics do not appear to have grasped the difference between the Vitamin C preparations and Vitamin A and D preparations sold at the clinics.

I have found several mothers giving two preparations of Vitamin C and none of Vitamin A and D. They do not understand what these preparations are, or what the effects of vitamin deficiency are on the baby.

I have seen two cases of mild rickets at the clinics—in each of these cases the mother had not been giving any supplementary Vitamins A and D to the baby since its birth. I suggest some posters illustrating the effects of deficiency of these vitamins, and emphasising the point that the baby needs *one* Vitamin C preparation, and *one* Vitamin A and D preparation.

The health of the infants attending the clinics on the whole was very good. I have seen some babies with a moderate degree of anaemia, and have referred these babies to their own doctors for iron therapy. Also, many of the babies tend to be overweight. This, I feel sure is due to the fact that most lay people consider fatness and large weight gains in babies to be a sign that the baby is thriving and very healthy, whereas the baby of correct weight for its age with firm muscles, is rather disappointing to the mother and relatives.

Again, some more posters might help to impress on the mothers the fact that a very fat baby may easily become a "chesty" baby—that a mixed diet is necessary from three months onwards—and that meat broth is not enough—the baby needs a little meat as well as the broth. I find many mothers do not realize the difference between broths and meat.

The level of mothercraft and cleanliness observed at the clinics has been good on the whole.

Communicable Diseases :—I have seen one case of skin rash in a child at a Day Nursery which I queried as scabies and referred it to its own doctor.

Immunisation Procedures. Most mothers attending the Infant Welfare Clinics have their children immunised against Diph/Whooping Cough/Tetanus by their own doctors.

I have immunised a number of babies at Heanor Infant Welfare Clinic and at Kirk Hallam, and some at Chellaston. I feel it should be made a condition of reception at any Children's Home or Day Nursery that the child should be immunised against diphtheria before it is admitted—especially in view of the recent outbreak of Diphtheria in Derby.

Whooping Cough Vaccination. Mothers seem very keen to have it done.

Poliomyelitis Vaccination. There was a big attendance at the two sessions I have conducted.

The Role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics and Infant Welfare Clinics. Very great I would say. Defaulters from ante-natal clinics are visited by the Health Visitor and checked. Non-attenders at Infant Welfare Clinics are not usually followed up. Liaison with hospitals, general practitioners and local authority, I think is very good.

The Premature Baby. I have not seen any at the clinics.

Incidence of Breast Feeding. Quite high.

Early detection of physical defects. I have seen two cases of mild rickets—none of blindness, deafness, etc.

Problem Families. I have come across a few at the Ante-natal Clinics and in the Residential Children's Homes. Broken marriages seem to be the root cause, and very often some degree of mental deficiency seems to be the cause of the broken marriage. I have not seen any evidence of gross child neglect.

Accidents at play and in the home. I have not encountered any.

Incidence of Anaemia in Ante-natal Period. Not high, most of the women have high haemoglobin levels and are in very good general health.

Incidence of mild and moderate Toxaemia of Pregnancy. Very high, in fact, I would say this condition consitutes one of the major problems of ante-natal care at the clinics I have been visiting. At nearly every ante-natal clinic I find some women with B.P. over 120/80. Most of these show large weight gains—only a few have clinical oedema—very few albuminuria and most of them say they feel quite well. Most of them respond to treatment at home but a few have to be admitted to hospital. One wonders what the cause of this toxaemia is ? and is there any method of prevention ?

It is such a troublesome thing for a young woman with a home to care for to have to rest in bed, etc.

The B. group of vitamins have been put forward recently as a prophylactic against toxaemia of pregnancy, so I am giving dried yeast extract to some of my patients in the hope of preventing toxaemia.

Dr. D. M. Jackson.

The standard of general health, cleanliness and nutrition seen in the Infant Welfare Centres leaves little to be desired.

The mothers who attend these centres regularly are nearly all anxious to learn and to do the best for their babies. Few of them need instruction on the general principles of mothercraft, merely advice on individual difficulties as they arise.

Breast feeding, as always, reflects the enthusiasm of the personnel in the area, midwives, health visitors and local doctors, so that in some areas the incidence is very high and in others a breast fed baby is the exception. However, on the whole, I am afraid there are more bottle-fed babies than ever.

Since the acceptance of poliomyelitis vaccination became general more and more parents are accepting immunisation to other diseases, diphtheria, whooping cough, tetanus and even smallpox vaccination which used to be so widely refused.

The follow-up visit to non-attenders at ante-natal clinics is satisfactorily carried out by the health visitor or midwife in most cases, though this is not so easy at the Derby Clinic since it serves a wide area and concerns many districts—especially as a proportion of the patients disappear to the Nightingale or Queen Mary ante-natal clinics.

The work of the Ante-natal Clinics is less rewarding since we ceased to receive any information concerning the result of the confinement. Many of our Ante-natal Record cards are not returned at all and few of those which we do receive have any information added regarding the result of the confinement, simply a copy of our own notes already filed.

The relaxation and mother-craft classes seem to be much appreciated.

NURSERY PROVISION FOR CHILDREN UNDER FIVE

DAY NURSERIES

The Authority's five Day Nurseries at Chaddesden, Glossop, Ilkeston (two), and Long Eaton, continued to operate satisfactorily, and no major changes took place.

Student Training.

During the year under review thirteen students from the County Day Nurseries completed a two-year course of training and eleven were successful in gaining the Certificate of the National Nursery Examination Board.

The Students received courses of Further Education and attended a training centre for this purpose, on two days per week. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from Chaddesden Day Nursery attend a course of Further Education at Derby, while those from Glossop attend a course at the Training Centre in Southall Street, Manchester. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents.

Since 1st October, 1959, the maximum charge to parents has been increased from 6/6d. to 10/0d. per day, while the minimum charge has remained at 3/0d. per day. The scale of charges to decide when a reduction in the maximum shall be made is as follows :—

Net weekly earnings of parent and spouse (if any)							*Charges per day*
£	s.	d.		£	s.	d.	s. d.
Not exceeding				8	0	0	3 0
8	0	0	to	9	0	0	5 0
9	0	1	to	10	0	0	5 6
10	0	1	to	11	0	0	6 0
11	0	1	to	12	0	0	6 6
12	0	1	to	13	0	0	7 0
13	0	1	to	15	0	0	8 0
15	0	1	to	17	0	0	9 0
Exceeding				17	0	0	10 0

Where the net weekly earnings are less than £17, the charge for a second child is to be 1/0d. per day less than the assessed charge for the first child, subject to a minimum of 3/–d. per day for each child.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

It has been found that the increased charges resulted in a drop in attendances at most of the nurseries, and this drop in numbers has tended to persist, except in the case of Chaddesden Nursery.

Medical Inspections.

Each Nursery is visited once each month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the general practitioner to secure early treatment. Special inspections are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections.

As in previous years, all the children resident in the Children's Homes and Residential Nurseries received dental inspections. Except for a very small number, the dental conditions were very good. These children get care each year and as a result those long in residence who were found to need attention only required the minimum to keep their teeth sound. Oral hygiene was of a high standard and credit must be given to the foster parents for the inculcation of regular tooth cleaning habits.

Protection of Children against Tuberculosis—Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an x-ray examination of the chest before appointment and annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

During the year, nursing and domestic staffs at the five Nurseries administered by the County Health Committee were x-rayed in groups by arrangements with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

Matrons' Reports.

The following reports have been received from the Matrons of the Day Nurseries :—

Chaddesden Day Nursery.

Number of children on the register on 31st December, 1960	42
Number of children admitted during 1960	44
Number of children who have attended in 1960	92
Average number of children on the register during 1960 ..	42
Average daily attendance under two years	10
Average daily attendance two-five years	22.12

The attendances were low at the beginning of January and again at the end of April, due mostly to the illness of parents; apart from this attendances have been very good.

The change over to the increased charges has adjusted itself now: it is accepted and there is a waiting list of nine.

Children are still admitted mainly for economic reasons. Again a number of children have been helped on compassionate grounds, the mother being ill or she was pregnant : the Health Visitor has played a great part in helping these mothers.

Great appreciation is shown by the parents for the care and attention given to their children and they are keen to seek advice about their children.

The health of the children has been excellent during the whole year. There was one case of Scarlet Fever in January and one case of mild scabies in December. All children have been immunised against diphtheria and vaccinated against poliomyelitis.

Great improvements have been made in the kitchen. A stainless steel sink unit has been installed and a wash basin fitted. Formica has been fitted to the tops of the kitchen cupboards. Two new gas cookers have replaced the old original ones. Six tubular steel rest beds have been supplied in place of the old wooden beds.

The staff have worked very well during the year and there has been little absenteeism owing to illness. Two senior staff nurses resigned, one having given eleven years service and the other eight years. They now have their own babies. Both are greatly missed in the nursery.

Two new staff nurses have been appointed.

Two students sat for the N.N.E.B. examination and one was successful.

Six Pupil Assistant Nurses have attended the Nursery during 1960. They have all expressed their thanks for the happy stay and all have benefited in health and experience.

We all appreciate the interest shown by all visiting members of the County Health Committee in the welfare of the children and staff and look forward to visits in 1961.

Whitfield Day Nursery, Glossop.

Register and Attendances.

Number of children on the register at 31st December, 1960 ..	22
Number of children admitted during 1960	25
Number of children who have attended in 1960	50
Average number of children on the Register in 1960	21
Average daily attendance under two years	5
Average daily attendances, two to five years	10

Good attendance was maintained at the beginning of the year regardless of the very cold weather.

This year we had two cases of mumps in January, one in February and one in March. No infection of any kind until early in December when there were three cases of Chicken Pox.

Children have attended regularly as always. We have some who attend less than five days at the 10/–d. daily rate.

Twenty-seven children left the Nursery during the year for a number of reasons :—

Two Mothers having babies.
Two Mothers staying at home.
One left the district.
One minded-out at a cheaper rate than ours.
Eight to Nursery-class and Nursery School.
Five left but have since returned.
Two were temporary whilst their Mothers attended Hospital.
One came whilst there was a death in the home.
Others left to attend Day School.

One handicapped child (Spina Bifida) who had been with us almost two years left in September to go to a residential school where she will receive her education. I was pleased for this child was so intelligent.

We have only three children classed as priorities. Three pay less than the 10/–d. rate, two of these because of income, and one whose father is in the Army. The others pay the full daily rate of 10/–d.

We have not had any alterations or improvements during the year, everything seems to be in good order. Smaller numbers of children make for less wear and tear of the premises.

Two of our students left in September after three years with us. One girl got her certificate, the other one failed—very disappointing. During their time here we had a fully qualified N.N.E.B., S.R.C.N. Warden who gave attention to them. This was the only failure we have had during the period of training at this Nursery.

We have a much smaller staff now, comprising Matron, Deputy Matron, two Staff nurses (S.E.A.N.) two Nursery assistants, one full-time and one part-time, one Cook, one cleaner and the part-time Stoker-handyman.

This Nursery is open from 7.0 a.m. to 6.0 p.m. to accommodate working mothers' children. Two children are here at 7.0 a.m. their mothers go out of town to work and these people are also late calling for the children. Most of the children are in at 7.30 to 7.45 a.m. and start to leave for home again at 5.30 to 6.0 p.m. The staffing requires one person in each room morning and evening when the great business of coming and going happens. We could not manage with less. When someone is absent it is difficult. These few children cannot all be

placed together in one room, the Toddlers are energetic and noisy, the babies are quiet and slow moving, a much gentler type sometimes learning to walk.

We had three visits during the year from County Councillors. The flaking paint on the Laundry ceiling was noted in April, this has now been corrected.

The County Health Authority's regard for the maintenance of food supplies and materials needed for the smooth running of this Nursery is greatly appreciated.

Station Road Day Nursery, Ilkeston.

During 1960, sixty-six children have attended the nursery, of those thirty children were on the register on 31.12.60 and thirty-six have been admitted during the year. At the same time thirty-eight have been discharged. The average number on the register in 1960 has been thirty-one.

In the past year my average daily attendance has dropped very slightly, the figures are, under two years eight, over two years twelve, making a total of twenty. Last year the average was twenty-one.

I feel that this comparatively small drop on last year's figures may be due to the fact, approximately one third of the children on the register have been on reduced fees, and four or five children in the nursery on a part-time basis. Also four children have been admitted under a special assessment rate, where the need for reduction to a minimum has been advisable. In view of these facts it would appear that the 10/–d. maximum fee is a little high for this area.

We also welcomed to our group a high grade Mongol child who fitted in and was accepted by the normal children very well. The child was with us until she reached the age of five years. This was valuable experience to the students working in the nursery.

One child was admitted from Nottinghamshire with the approval of the appropriate committees.

Reasons for absence have been—colds, older brothers and sisters looking after the younger ones at School holiday time. There have been four cases of Chicken Pox, one Measles and two German measles; during these infections the usual precautions were taken.

We have been pleased to receive two new tables for the toddler nursery and replacement of some of our cot linen, which had seen many years of service.

The grounds have been kept in good order by the Works Department; also crumbling concrete on the upper garden and the steps leading to the garden have been repaired and made safe. All general repairs have been attended to promptly by the Works Departmen..

During the year my Nursery Assistant left to take up a Nursery Nurse's post in Nottingham. One Student who sat her N.N.E.B. examination was successful and left after completing her two year course at the end of August. Both vacancies have been filled.

The museum service have been helpful in changing the pictures on loan. We were delighted with the use of a tape-recorder, which was enjoyed by the children and found of great value by the staff when telling stories to the children.

Visits from members of the County Health Committee have been appreciated, and I hope to receive further visits in 1961.

Whitworth Road Day Nursery, Ilkeston.

Number of children on the register 31st December, 1960	under 2 yrs..	12	
	over 2 yrs.	27	
	Total ..	39	
Number of children admitted during 1960 ..	under 2 yrs.	7	
	over 2 yrs.	27	
	Total ..	34	
Number of children who have attended in 1960	under 2 yrs.	19	
	over 2 yrs.	54	
	Total ..	73	
Average number of children on the register 1960	under 2 yrs.	10	
	over 2 yrs.	25	
	Total ..	35	
Average number of children attending daily ..	under 2 yrs.	8	
	over 2 yrs.	19	
	Total ..	27	approx.
Number of children who have left	under 2 yrs.	9	
	over 2 yrs.	29	
	Total ..	38	

I think that the drop in attendance is due to the increase in rate from October 1959. As far as receipts are concerned the income is slightly in excess of the previous year, or of any other year. The daily attendance is, however, approximately seven less. I have about six children who used to make a full attendance, they now attend three or four days and are looked after by relations and friends on the days when they do not attend. In actual fact the reduced numbers in the Toddler Nursery has improved the efficiency of this Nursery. Children get more individual attention. As far as the children are concerned and apart from the economic factor, the number of normal, healthy, noisy children in the Toddler Nursery is, or has been, too many. During the summer months when children spend most of the time out of doors, this is quite satisfactory, but during inclement weather

in the winter, this is not possible. We use the staff room for story-telling, the bathroom for water-play, but the Toddler Nursery has to be used for play with the large equipment, educational play, sleeping and eating. I think that having twenty children in this nursery we are getting better results.

The nursery has been used for all kinds of reasons, but the economic one remains the chief one.

I still think there is a great need for the nursery. Co-operation from parents has always been good and fathers are helping their children by fetching them earlier when they are on shifts. This works very well with new admissions making the nursery day a shorter one for the children.

Students and Senior Staff. Five Students sat for the N.N.E.B. and four were successful. The Student who did not pass has sat again and she has now passed. Providing these Students do not wish to obtain posts in Day Nurseries, there is no difficulty in placing them. One has commenced her General Nurses Training, one is residential at Dr. Barnado's, two are in Prem. Units, one is a private nannie. They are, therefore, carrying on with worthwhile work.

Visits. We have had seven visits from members of the County Health Committee. We do enjoy these visits, members are always so helpful and friendly.

Infectious Illnesses. We had very little infectious illnesses until October, when we had an epidemic of Chicken Pox which affected most of the children. It has always been our practice to have the blankets, mattresses and pillows stoved by the Sanitary Department; this has usually followed an epidemic. Chicken Pox twenty-five; Mumps two; German Measles two.

Additions to Equipment, etc. The colourful tiled floors in the bathroom and cloakroom have proved a great asset. They are favourably commented upon by parents, visitors and of course, the staff. The floors look so clean and are easy to keep clean.

We have been very pleased to be able to borrow the projector and we have found the film strips from the County Museum Service of great help.

Long Eaton Day Nursery.

Number of children on the register on 31st December, 1960	42
Number of children admitted during 1960	47
Number of children on the register during 1960	84
Number of children who have attended in 1960	84
Average number of children on the register during 1960	41
Average daily attendance under two years	8.5
Average daily attendance two—five years	19.5

Children have attended fairly well during the year, apart from the month of October when there were many children absent owing to coughs and colds. Of course the number of children on the register has been much lower than in former years. This I think was due to the increased charge for the daily fee.

Infectious diseases. We have had nine cases of measles, two of chicken-pox and two of ring-worm, during the year. All the usual precautions were taken.

Priority Cases. We have had several children in during the year for a short stay, but as I have no waiting list I don't know if these would be considered priority cases. These children were of parents who had to go into hospital for treatment or for a short rest. Two children were admitted for three weeks while their mothers learnt a job.

New Equipment. During the year we have had two new easy chairs for the staff room to replace the old ones which were worn out. Also two shelves were put up in the same room and a new cupboard to replace the very old side-board. This leaves more room in the staff room and also makes it more comfortable for short-periods of rest.

For the Nursery we had a new see-saw, one scooter, a rocking duck, a brick wagon, baby walker, a few small picture puzzles and one hammer and peg board. All very acceptable and for which the children and staff are most grateful.

The County Health Committee members continue to visit us during the year. These visitors are most welcome and are always very interested in children and staff.

Three Students sat for the N.N.E.B. and they were successful in passing the examination.

Reciprocal arrangements with other Authorities.

As a general principle the County Health Committee has decided that payment be made for all Derbyshire children who attend other Authorities' Day Nurseries or vice versa; that the home address be taken into account in deciding which nursery is appropriate; and that a charge be made in accordance with the Derbyshire scale of assessment.

Derbyshire children on the eastern border of the County may attend Nottinghamshire Day Nurseries and vice versa, the difference between the charge to the parent and the cost per child-day being met

by the appropriate Authority. At the end of the year six Derbyshire children were attending Nottinghamshire Day Nurseries, and one Nottinghamshire child attended a Derbyshire Day Nursery during the year.

Children living near to the northern border of Derbyshire may attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. One Derbyshire parent took advantage of this arrangement during 1960.

At the end of the year, twenty-three children from the County Council's area were attending Derby Borough Day Nurseries and one child from the Borough was attending a Derbyshire Day Nursery.

Training of Pupil Assistant Nurses.

The arrangement continued during the year whereby Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Courses and Conferences.

The National Association of Nursery Matrons held its Annual Conference in Hastings from 25th to 27th March, 1960, and the Matrons of the Glossop and Station Road, Ilkeston, Day Nurseries, were allowed to attend.

Dr. McCullough, Senior Medical Officer for Maternal and Child Welfare, attended a one-day Conference held in London on the 10th November, 1960, organised by the National Society of Children's Nurseries.

MIDWIFERY SERVICE
(Section 23)

General arrangements for the Service.

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the administrative County, including Chesterfield. The Borough Medical Officer, assisted by a Maternal and Child Welfare Medical Officer and one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer of Health. The remainder of the County is administered from the central office in Matlock, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Welfare Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—again, of course, under the general direction of the County Medical Officer of Health.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table:—

	Number of Midwives on the staff at the end of						
	1954	1955	1956	1957	1958	1959	1960
County Midwives ..	69	72	71	72	70	68	74
Home Nurse Midwives ..	32	30	30	29	29	28	28

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report seventy Midwives out of a total of seventy-four and twenty-eight Home Nurse Midwives out of a total of twenty-eight are using motor cars.

The areas covered by County Midwives and Home Nurse Midwives have been drawn having regard to (1) the amount of work performed; (2) the convenience of patients; (3) the situation of the Midwives' residences; and (4) the "mobility" of Midwives.

It has been estimated that each Midwife can undertake approxmately sixty-six cases per annum, and it has been stated that one Midwive is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation, that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of fourteen days during the lying-in period.

At the end of 1960 there were 183 Midwives on the County Roll—five were Midwives working in private Nursing Homes; seventy-six were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; seventy-four were County Council Midwives; and twenty-eight were County Council Home Nurse/Midwives.

"Relief Duty."

The Minister of Health in circular 1/60 requested information concerning "the Authority's arrangements for relief duty, especially night rota systems." In this connection the following is a copy of an instruction addressed to County Midwives, Home Nurse Midwives and Home Nurses on the staff of the Department :—

"Commencing on 1st January, 1950, your off-duty periods will be as follows :—

(1) *Weekly days off duty:* Subject to the exigencies of the service your weekly day off duty will be.....in each week. The 'day' will extend from 9 p.m. on the preceding evening to 7 a.m. on the succeeding day.

(2) *Week-end off duty:* Subject to the exigencies of the service, you will have two free days and three free nights every sixth week, from 9 p.m. on a Friday evening until 9 a.m. on the following Tuesday morning. This period includes your weekly day off duty, but, if you prefer it, it can be taken separately, when the week-end period would be reduced by twenty-hours either at the beginning or at the end of the week-end.

It will, of course, be necessary for you to contact your Supervisor before taking your week-end (so that she will know the exact period of off-duty you have selected) and also on your return to duty.

Your relief is as follows :—

1st Relief .....

2nd Relief.....

Please adhere strictly to rule 6 concerning any holiday taken by you."

Rule 6 mentioned above reads as follows :—

"When a nurse or Midwife is out on her round of visits, a clear address at which she may be found should be left at her place of residence. Frequently valuable time is lost through lack of information as to whether a Nurse or Midwife is available or not.

The arrangement of which I most approve is for the Nurses or Midwives to leave a slate or a piece of paper with the address, or addresses, clearly written and placed in the window of their house in such a position that it can be read from outside.
For example :—

Nurse gone to Mrs. Smith, 10 Derby Road—9 a.m.

Mrs. Jones, 12 Station Road—approx. 10 a.m.

so that the messenger seeking the Nurse's or Midwife's assistance will know exactly where to finds her.

When a Nurse or Midwife is absent from her area, for example, on her weekly or annual holiday, it will be her duty to see that her patients know which colleagues will be deputising for her. She must put a notice in her window giving the names and addresses and telephone numbers of her reliefs.

If any emergency arises and the Nurse or Midwife is available, although she may be technically off duty, she will be expected to deal with it without delay, on humanitarian grounds."

Having regard to the recruitment position and the geography of the County, with a varying population density, this is the best "off duty" system we have been able to evolve.

Uniform.

All Midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing.

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics.

The following Table sets out certain relevant figures regarding the Midwifery Service for the years 1954 to 1960 :—

	1954	1955	1956	1957	1958	1959	1960
Numbers of cases attended by Midwives employed by the Authority:							
(i) As Midwives	3,047	3,039	3,349	3,430	3,500	3,548	3,705
(ii) As Maternity Nurses	1,385	1,352	1,402	1,351	1,248	1,304	1,246
Total	4,432	4,391	4,751	4,781	4,748	4,852	4,951
Number of cases in which Gas and Air was administered	2,667	2,611	2,651	639	374	411	369
Number of cases in which Pethidine was administered :							
(i) When acting as a Midwife ..	1,185	1,297	1,693	1,954	1,927	1,989	2,198
(ii) When acting as a Maternity Nurse	479	826	704	795	707	781	754
Number of cases in which Trilene was administered :							
(i) When acting as a Midwife ..		–	323	2,237	2,477	2,733	2,977
(ii) When acting as a Maternity Nurse	–	–	130	755	791	929	893

Gas and Air Analgesia.

The number of Midwives in practice in the County at the end of the year who were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives Board, was as follows :—

Domiciliary Midwives	102
Employed in Homes and Hospitals in the National Health Service	73
Employed in Nursing Homes or Maternity Homes not in the National Health Service	5

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1960 was 369.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on the administration of analgesics in institutions approved by the Central Midwives Board.

In all cases where Gas and Air Analgesia is administered by a Midwife in domiciliary practice, a "second person" must be present who is acceptable to the patient as well as to the Midwife.

Pethidine.

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950, authorising Midwives who have notified their intention to practise to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium and pethidine, all Midwives were issued with Dangerous Drugs Books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered since these Regulations came into force are set out below :—

1951	877
1952	1,190
1953	1,399
1954	1,665
1955	2,135
1956	2,397
1957	2,749
1958	2,634
1959	2,770
1960	2,952

Trichloroethylene B.P. (Trilene).

All midwives employed by the County Council have been instructed in the use of, and provided with, Trilene Inhalers, as an alternative method of inhalational anlagesia to Gas and Air. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the medical examination and the presence of a "second person" as with Gas and Air analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year 1960 was 3,870.

Intra-Gastric Oxygen.

The pilot scheme in which twelve midwives were issued with intra-gastric oxygen equipment was continued during the current year. In conjunction with the other methods of resuscitation the apparatus was used ten times on severely asphyxiated babies. Seven babies responded satisfactorily within a short time. Of the three that died one was transferred to hospital where it died two days later.

Refresher Courses.

Since 1st February, 1955 all midwives have attended a Refresher Course as laid down under Section "G" of the Rules of the Central Midwives Board. Under this arrangement midwives will continue to be sent at regular intervals. In addition, the Supervisors of Midwives attend in rotation the annual Post-Certificate Courses conducted by the Association of Supervisors of Midwives.

Training of Pupil Midwives.

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying: (1) the pupil Midwives' salaries; and (2) £3 3s. 0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pays £30 per annum to the Midwifery Teacher.

The Midwife in the Maternity Service.

The Royal College of Midwives have issued a Memorandum on Policy, and it was thought that the following excerpts from it might prove of interest:—

"*The Midwife in the Maternity Service.*

The Royal College of Midwives believes that if the best possible care is to be given to the mothers and babies of the country the Maternity Service must continue to be based on the provision of an adequate number of well-educated, well-trained and experienced midwives. At the same time the College welcomes the provision, under the National Health Service Act 1946, for maternity medical services to be given by general practitioner obstetricians, and for the attendance of consultant obstetricians, should the need arise.

The midwife today is trained to be "the practitioner of normal midwifery" (Report of the Working Party on Midwives, para. 102), and as a member of the obstetric team she should be given a share in the planning and organisation of the Service. Only thus will the mother and baby be best served and the best type of midwife find sufficient scope within the Service.

The function of the midwife should be substantially the same whether she is engaged in institutional or domiciliary practice, and in the following paragraphs we have outlined what we believe should be the scope of her work.

The Responsibility of the Midwife.

1. *Ante-natal Care.*

The responsibilities of the midwife for the clinical care of the expectant mother are determined by the Rules of the Central Midwives Board.

The routine ante-natal care of the expectant mother should be recognised as the duty of the midwife in association with the doctor, who is responsible for the general medical care and attendance when need arises.

We believe it is of vital importance for the midwife to continue to exercise her clinical skill, including the ante-natal examination of women attending Local Authority clinics or other centres. Many doctors are now undertaking ante-natal care in their own surgeries, but this does not absolve the domiciliary midwife from taking the full share of responsibility. In hospital practice, where the obstetricians attend every ante-natal clinic, we consider it essential that there should also be ante-natal sessions conducted by midwives.

The midwife has always been a teacher of individual mothers, but today she is taking a much larger part in the ante-natal teaching of groups of mothers, and we are glad that her responsibility for this important work is increasing and will increase in the future.

Classes for the mothers in ante-natal clinics should be organised by the midwife in co-operation with other members of the health team. The midwife herself should give the teaching on the physiology of labour and the preparations for it, the use of inhalational analgesics, the preparations for the baby, and breast feeding. Provided she has had the appropriate experience, the midwife may, and often does, give instruction on relaxation and ante-natal exercises to small groups of mothers.

In our opinion, the assessment of the suitability of the home conditions for confinement should be made by the midwife in consultation, where necessary, with the patient's own doctor.

2. *Care during Labour.*

Every mother should be under the constant care of a midwife during the whole of her labour. Although a doctor may be present for part of the time, the midwife should continue to take full responsibility for the majority of normal deliveries. She can administer inhalational analgesics and, under the Dangerous Drugs Acts, she can give certain pain-relieving drugs. It is thus within her power, and it is her duty, to give the mother adequate relief from pain during labour.

3. *Post-natal Care.*

The responsibility of the midwife for the care of the mother and baby is a very important one. They should, if possible, be looked after during the post-natal period by the same midwifery team who cared for them throughout pregnancy and labour. We deplore the practice in some hospitals of sending the mother and baby home, or to other premises, within a few days of confinement since this makes it impossible to give them continuity of care.

The care of mothers and babies should remain the responsibility of midwives for at least twenty-eight days. It is the duty of the midwife to encourage the mother to attend for a post-natal examination and to make the necessary appointment.

We are strongly of the opinion that premature babies should be nursed by midwives."

HEALTH VISITING

(Section 24)

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands. Including the Superintendent Health Visitor and Deputy Superintendent Health Visitor, the establishment provides for the employment of seventy Health Visitors who also act as School Nurses. The Authority has increased the establishment by five from January, 1961.

The Health Visitor's duties are many and varied; in this County it includes school nursing, attendance at maternal and child welfare clinics, at tuberculosis clinics and poliomyelitis clinics, tuberculosis visiting, care of the aged, the sub-normal and handicapped child. Much progress has been made, especially at Mothercraft and Relaxation Classes and in the schools.

There has been some improvement in the recruitment of Health Visitors in the year under review and at present there are only seven vacant areas. Every effort is being made to recruit more staff.

Training of Health Visitors.

In view of the shortage of candidates to this branch of the nursing profession, a scheme is in operation whereby State Registered Nurses under thirty-five years of age who hold the certificate of the Central Midwives Board or the first certificate under the new Central Midwives Board's rules, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly these conditions provide for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid three-quarters of the minimum of the Health Visitor's salary during the training period and the minimum Health Visitor's salary on qualification. Of this period, approximately nine months will be spent as a student and the remainder as Health Visitor on the County Council's staff. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

Six students commenced training in October under this scheme, during the year under review.

In all there are fifteen Health Visitors in this County who were trained under this scheme since 1949, and of these three only have left the County Council's service since their contracts expired.

Mental Health Year.

To commemorate Mental Health Year, Health Visitors paid visits to the Kingsway and Pastures Hospitals to see the recent advances in Mental Health.

Later in the year Student Nurses from the Kingsway Hospital were given an insight into the domiciliary work of the Health Visitor by paying visits to the homes and attending Ante-natal and Child Welfare Clinics with the Health Visitors.

STATISTICS RELATING TO MATERNAL AND CHILD WELFARE

Statistics regarding the Authority's Maternal and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this report (Appendix I1).

Certain facts are extracted for use in the Department, but as they are likely to be of general interest they are set out in the Table on pages 80 and 81, for easy reference. The headings under which the statistics appear are self-explanatory and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. (It will be appreciated that all the figures are based on the number of notified births, which varies slightly from the number of registered births provided by the Registrar-General).

MATERNAL AND CHILD WELFARE

1. Ante-natal Clinics—	
Number of sessions	1,319
New Cases	2,732
Ante-Natal attendances	12,796
Post-Natal attendances	503
2. Visits to Homes—	
Number of children under five years of age visited during year	43,642
Expectant mothers:—	
First visits	2,263
Total visits	3,055
Children under one year of age :—	
First visits	11,865
Total visits	32,340
Children age one year and under two years:—	
Total visits	15,777
Children age two but under five years:—	
Total visits	28,012
Tuberculosis Households:—	
Total visits	2,324
Other cases:—	
Total visits	7,649
Total number of families or households visited by Health Visitors	37,260
3. Infant Welfare Centres—	
Number of sessions	4,513
Number of new cases:—	
Under one year of age	9,065
Number of children who attended during the year and who were born in:—	
1960	7,761
1959	6,533
1958-55	4,875
Total number of children who attended during the year	19,169
Number of attendances made by children who, at the date of attendance were:—	
Under one year	109,676
One but under two	23,192
Two but under five	12,180
Total attendances during the year	145,048

	1954	1955	1956	1957	1958	1959	1960
NUMBER OF NOTIFIED BIRTHS :							
Live Births	10,122	10,130	10,769	10,946	10,991	12,532	12,908
Still Births	269	221	250	274	298	281	291
Total Births	10,391	10,351	11,019	11,220	11,289	12,813	13,199
DOMICILIARY MIDWIFERY :							
L.H.A. Midwives—Number of cases attended :							
as Midwives	3,047	3,039	3,349	3,430	3,500	3,548	3,705
as Maternity Nurses	1,385	1,352	1,402	1,351	1,228	1,304	1,246
Total	4,432	4,391	4,751	4,781	4,748	4,852	4,951
Midwives in private practice, number of cases attended:							
As Midwives	9	1	2	–	–	–	–
As Maternity Nurses	8	16	3	5	–	–	–
Total	17	17	5	5	–	–	–
Domiciliary Cases—Grand Total	4,449	4,408	4,756	4,786	4,748	4,852	4,951

Number of Domiciliary Cases attended as a percentage of all notified births	42.8	42.4	43.16	42.66	42.05	37.79	37.51
ANALGESIA.							
Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice	2,667	2,611	3,104	3,631	3,642	4,073	4,239
Number of cases of Analgesia as a percentage of domiciliary births..	59.9	59.46	65.3	75.86	76.7	83.94	85.61
ANTE-NATAL CLINICS.							
Number of L.H.A. Clinics	22	23	23	24	24	24	25
Number of new cases attending during the year	3,976	3,777	3,837	3,349	3,149	2,924	2,732
Number of new ante-natal cases as a percentage of all notified births	38.3	36.5	34.8	29.85	27.89	24.38	20.69
POST-NATAL CLINICS :							
Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)	487	514	559	506	485	473	470
Number of new post-natal cases as a percentage of all notified births	4.68	4.97	5.07	4.51	4.29	3.69	3.56
INFANT WELFARE CENTRES :							
Number of L.H.A. Centres	85	86	88	92	95	97	98
Number of Voluntary Centres	3	3	2	2	2	2	2
Number of children who first attended an Infant Welfare Centre during the year (under one year)	6,995	6,245	6,663	7,069	7,294	9,108	9,205
Number of first attendances of children under one year of age at I.W.C.'s as a percentage of notified live births	69.17	60.3	61.87	63.00	66.36	72.67	71.31

HOME NURSING SERVICE
(Section 25)

This service has now been in operation for almost twelve years and its value to the community is so well known and appreciated that little comment is necessary. Much of the nurses' time is taken up in nursing the elderly. Their services also do much to relieve the pressure on hospital beds. It has been found that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly with the elderly and young children, as they seem to progress more favourably in familiar surroundings.

The County Council, through their Care and After Care Service, provide a large number of nursing aids which prove very helpful in the nursing of patients in their homes.

In the interests of the service, when vacancies for nurses occur, the circumstances of the area are reviewed to see if any changes are desirable.

The following table shows the staffing position at the end of each year since the inception of the service.

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Full-time—													
Home Nurse-Midwives ..	44	43	38	37	35	35	32	30	30	29	29	27	28
Home Nurses ..	81	91	104	99	99	99	103	108	112	112	114	115	113
Total	125	134	142	136	134	134	135	138	142	141	143	142	141
Part-time ..	2	–	2	3	2	–	–	–	–	–	–	1	1
TOTAL full-time and part-time	127	134	144	139	136	134	135	138	142	141	143	143	142

During 1960 the nurses attended 17,320 patients and the number of visits paid was 484,268; 32% of the patients attended were over sixty-five years of age at the time of the first visit, and 2% were under five years of age.

Of all the patients visited 20% were paid more than twenty-four visits.

In Appendix I1 to this report a copy of the Annual Return to the Ministry of Health is set out, giving details of these services provided by the Authority, and in Part 1, Section 6, is an analysis of the type of work the nurses are called upon to carry out, showing the number of cases and visits made to medical, surgical, infectious diseases, tuberculosis, maternal complications and others.

Chemotherapy is widely used in domiciliary treatment and the home nurses are called upon to administer injections for a variety of diseases under the direction of the patient's own doctor. The number of patients visited for this purpose during the year was 3,405 involving 107,311 special visits.

The County Council has realised the advantage to all concerned of nurses using cars in connection with their duties, and it is their policy to grant car allowances to these Officers. The number using cars at the time of writing is 116 out of 130 nurses. Many nurses take advantage of the County Council's Scheme for granting loans towards the purchase of cars.

Local Housing Authorities have again been helpful in renting houses on their housing estates for occupation by home nurses, thus enabling the nurses to reside where there is a concentration of people.

The principle of enabling nurses to attend post-certificate or refresher courses every five years has been continued, and in addition to this, for the fourth year in succession, a limited number of nurses have been allowed to attend special courses on Mental Health. This type of course is felt to be important in view of the changing attitude towards mental illness. There can be no doubt that money spent on these courses is well worth-while, as the nurses are made aware of the latest advances in treatment.

VACCINATION AND IMMUNISATION
(Section 26)

The various forms of vaccination and immunisation against certain communicable diseases play a very important part in preventive medicine. The Authority's arrangements for dealing with these matters have been dealt with at some length in previous annual reports. Generally speaking there is now a greater response from the general public to take advantage of the services provided than previously. A summary of the work carried out in this branch of the service is given below :—

Diphtheria.

For the fifth year in succession no notifications or deaths from the disease were reported in the Administrative County. However, an unfortunate outbreak occurred in the area of a neighbouring Authority and this resulted in a sharp increase in the demand for both primary and booster injections, as shown in the following table, which gives the number of persons who were given primary and booster courses in the last few years :—

Immunisation against Diphtheria.

	Primary	*Booster*
1952.. ..	7,488	6,748
1953.. ..	6,730	4,727
1954.. ..	7,531	5,862
1955.. ..	7,677	8,028
1956.. ..	8,314	5,831
1957.. ..	8,577	6,570
1958.. ..	8,973	4,536
1959.. ..	9,552	4,492
1960.. ..	13,152	13,166

The following tables give details of the children who completed a course of immunisation or received booster (re-inforcing) doses during 1960 in the form required by the Ministry of Health :—

DIPHTHERIA IMMUNISATION RETURN FOR THE YEAR ENDED 31st DECEMBER, 1960

	AGE at date of final injection (as regards A) or of reinforcing injection (as regards B)			
	Under 1	1 *to* 4	5 *to* 14	*Total*
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA (including temporary residents) TOTAL FOR THE YEAR	7,233	3,137	2,782	13,152
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION (i.e., subsequently to primary immunisation at an earlier age). TOTAL FOR THE YEAR	—	2,462	10,704	13,166

The following is a copy of the return submitted to the Ministry of Health relating to the immunisation position in the child population at the 31st December, 1960.

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1960, who had completed a course of Immunisation at any time before that date (i.e. at any time between 1st January, 1946 and 31st December, 1960.)

Age at 31.12.60 i.e. Born in Year	Under 1 1960	1—4 1956–1959	5—9 1951–1955	10—14 1946–1950	Under 15 Total
Number of children whose last course (primary or booster) was completed in the period: A. 1956–1960 . .	7,233	26,837	28,419	18,150	80,639
B. 1955 or earlier .	. .	. .	24,338	36,766	61,104
C. Estimated mid-year child population	11,700	45,100	115,400		172,200
Immunity Index 100A/C	61.8%	59.5%	40.4%		46.6%

The immunisation index is the number of children immunised (primary or booster) during the last five years (total of item A) expressed as a percentage of the estimated mid-year child population (total of item C).

The immunisation index has been rising steadily over the years, but the rate of increase has been accelerated during 1960 due to the sharp rise in the number of children given both primary and booster courses, as mentioned above.

The remarkable decrease in diphtheria can be best seen by taking the country as a whole, and the following are the comparative figures for England and Wales for 1945 and thereafter at five-yearly intervals to 1960 :—

Year	*Deaths*	*Corrected notifications*
1945 ..	.. 722	18,596
1950 ..	.. 49	962
1955 ..	.. 13	169
1960 ..	.. 15*	253

*Provisional

Small Pox.

No cases have been reported in the County, but it is important that the vaccination rate should be high as otherwise there is a possibility that if the disease is introduced into the Country a major epidemic may occur.

As will be seen from the following table the number of both primary vaccinations and re-vaccinations has increased slightly:—

Vaccination against Small Pox

	Vaccination	*Re-vaccination*
1952.. ..	1,612	729
1953.. ..	1,939	795
1954.. ..	1,815	568
1955.. ..	1,816	476
1956.. ..	2,276	564
1957.. ..	2,833	656
1958.. ..	3,541	715
1959.. ..	3,234	648
1960.. ..	3,517	736

The following is a copy of the Annual Return for the year ended 31st December, 1960, which was submitted to the Ministry of Health, relating to the vaccination position.

I. NUMBER OF PERSONS VACCINATED (or RE-VACCINATED) DURING PERIOD.

Age at date of Vaccination	*Under* 1	1	2 *to* 4	5 *to* 14	15 *or over*	TOTAL
Number Vaccinated	2,325	385	231	142	434	3,517
Number Re-vaccinated	8	10	30	52	636	736

II. NUMBER OF CASES SPECIALLY REPORTED DURING PERIOD.

None.

Whooping Cough.

The scheme for making antigen available to General Medical Practitioners came into operation in October 1958, and the following table shows the number of children who have been given this form of immunisation during the years 1959 and 1960 :—

Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year:—	AGE at date of final injection		
	0 *to* 4 *years*	5 *to* 14 *years*	TOTAL
1959	6,593	236	6,829
1960	7,658	732	8,390

Although there were 979 cases of whooping cough notified during the year, there were no deaths from the disease. (The last death was in 1958).

Tetanus.

As in the case of Whooping Cough the antigen became available to General Medical Practitioners in October 1958, and the following table shows the number of persons who have been given this form of immunisation during the years 1959 and 1960 :—

Number of persons who have completed primary course of Tetanus vaccine either singly or in combination :—	At the age of final inspection			
	0 *to* 4 *years*	5 *to* 14 *years*	14 *plus*	TOTAL
1959	4,572	209	38	4,819
1960	5,601	682	66	6,349

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis.

Whilst the powers for providing and carrying out this form of vaccination are given under Section 28 of the National Health Service Act (Prevention of illness, Care and After-Care), for the purpose of this Report it is convenient to deal with it under the general section on Vaccination and Immunisation. This type of vaccination falls under two headings, namely: (1) the Contact Scheme; (2) the Schoolchildren's Scheme.

(1) *The Contact Scheme* is carried out by Chest Physicians who wish to use it on their own medical responsibility for contacts of cases of respiratory tuberculosis, and is generally confined to children. The scheme came into operation in 1950 when the Ministry of Health made available supplies of vaccine. The numbers of persons vaccinated under this scheme are as follows :

1950	38	1956	339
1951	164	1957	530
1952	165	1958	694
1953	269	1959	586
1954	379	1960	444
1955	387		

(2) *The Schoolchildren's and Students' Scheme.* In the first place this scheme provided for the B.C.G. vaccination of children between their thirteenth and fourteenth birthdays (subject to parental consent). This age group was chosen by the Ministry of Health because it enables the majority of children to be vaccinated in what is their penultimate year at school, and to leave school with such protection as the vaccination affords. However, in April 1959, the Ministry of Health approved an extension of the schemes to children of fourteen years of age and upwards who are still at school, and also to students attending Universities, Teacher Training Colleges, Technical Colleges or other Establishments of Further Education.

Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supplies on request the material for skin testing and the actual B.C.G. The School Medical Officers carry out this work and as it is essential that they should be trained in the technique of the procedure the County Health Committee has sanctioned them attending approved courses of instruction.

The scheme came into operation towards the end of 1957 and is being extended gradually over the whole of the County as staff becomes available. However, in the early stages the development of the scheme was limited as much of the time of the School Medical Officers was occupied in poliomyelitis vaccination.

One further point is that while we have not carried out controlled trials in Derbyshire, we can say that the amount of tuberculosis measured either by deaths from the disease or by notification is appreciably less than in the country as a whole. The tuberculosis death rate (all ages) was 7 per 100,000 of the population in the County as compared with 10 for England and Wales in 1958. The notifications in the 10 to 20 age group in the last few years have been :—

1951	71	1955	48
1952	85	1956	44
1953	67	1957	51
1954	65	1958	50

If the present figure of fifty is taken, then the annual incidence, assuming a population in the age group of 115,000, the children age 10+ to 20 in 1958 would be born between 1939—1948 (the births 1939—1948 inclusive which are readily available total 115,688), is just under 0.44 per thousand. This compares with 0.38 per 1,000 in the B.C.G. vaccinated group in the national survey. The years, of course, do not exactly correspond, but from 1955 onwards I feel fifty is a fair figure to take for the County.

While this low incidence of tuberculosis in Derbyshire is reassuring, the Medical Research Council trials show that we have in B.C.G. vaccination a means of combating still further the disease in adolescents. We hope by its means to achieve even better results in the future."

"*B.C.G. Vaccination*

1. The Second Report to the Medical Research Council by their Tuberculosis Vaccines Clinical Trials Committee was published in the British Medical Journal on September 12th, 1959, under the title "B.C.G. and Vole Bacillus Vaccines in the Prevention of Tuberculosis in Adolescents." There were 56,700 participants in the trial who at their entry to it were between fourteen and fifteen-and-a-half years. Those who were tuberculin negative were divided into four groups.

(1) B.C.G. vaccinated group in whom, during the five year period of follow up, the annual incidence of tuberculosis was 0.38 per 1,000.

(2) Concurrent tuberculin negative unvaccinated group: annual incidence 2.29 per 1,000.

(3) Vole bacillus vaccinated group: annual incidence 0.33 per 1,000.

(4) Concurrent tuberculin negative group: annual incidence 2.62 per 1,000.

2. The protective efficacy of each vaccine was thus substantial and moreover, the incomplete information beyond five years shows that similar high levels of protection have continued up to at least six

and-a-half years after entry to the trial. The degree of protection was similar for pulmonary tuberculosis, for tuberculosis pleural effusion and for hilar gland enlargement (in association with other lesions).

Further, there were no cases of tuberculous meningitis or miliary disease among the vaccinated compared with four of each among the unvaccinated and too there is a suggestion that the lesions which did occur among the vaccinated group were less severe than those among the unvaccinated.

3. This evidence therefore suggests that vaccination of children about the age of fourteen does confer a considerable degree of protection over a period of five years and probably for six-and-a-half years.

4. Those who were positive to the tuberculin test on entry to the trial can be divided into two groups.

(1) Those strongly positive to 3 T.U. (15 mm induration or more) had an annual incidence of 3.50 per 1,000 in the first two-and-a-half years, 1.67 in the second two-and-a-half years and 0.88 in the five to seven-and-a-half year period.

(2) Those weakly positive to 3 T.U. or only positive to 100 T.U. There were annual incidences of 0.77 and 0.73 per 1,000 during the first two-and-a-half years and subsequent periods.

5. The trial is to continue on a modified scale with the object of determining whether the degree of protection demonstrated over five years and almost six-and-a-half years persists even longer.

6. In the meantime the trial has demonstrated :—

(1) B.C.G. vaccination offers a substantial degree of protection.

(2) The risk of subsequent clinical tuberculosis in those strongly positive to 3 T.U. is appreciable.

(3) The risk of subsequent disease among those with a weak reaction to 3 T.U. or who are only positive to 100 T.U. is less, but still twice that of the B.C.G. vaccinated group.

7. The present B.C.G. programme is based on the tuberculin test at age thirteen. Those who are negative reactors to the test are offered B.C.G. vaccine, either the Danish liquid vaccine or the dried vaccine manufactured in this country. The conversion rate of the freeze-dried vaccine is comparable to that of the liquid one and the vaccine has the advantage that it can be stored under suitable conditions up to twelve months before use so that viability tests can be made before the vaccine is issued.

8. The value of tuberculin testing at age thirteen is not only to sort out those suitable for vaccination but also to bring to light those in whom there is a strong positive reaction and among whom an annual incidence of tuberculosis of the order of 3.50 per 1,000 may be expected in the next two-and-a-half years. These strong positive reactors need

supervision and there is a good case for arranging that they should be under the care of a chest physician so that both they and their contacts can be kept under supervision. For other positive reactors to the tuberculin test it should suffice to arrange an annual attendance for x-ray. In addition the general practitioner should be informed so that he can advise an x-ray at an earlier date if he considers it necessary.

9. The very considerable value to the community of a B.C.G. programme which advocates tuberculin testing of schoolchildren at thirteen and B.C.G. vaccination to tuberculin negatives before school leaving can only be achieved where the programme is vigorously pursued. At present less than half the schoolchildren who could benefit under the scheme do so. To increase the number of children tuberculin tested will mean that more children are given a measurable degree of protection, that more children already infected come under the direct care of the chest physician and that the opportunities of discovering sources of infection by contact tracing are considerably improved.

10. Because of the importance both to the individual and to the medical officer of health of the B.C.G. record card, medical officers of health are advised to retain cards for a period of ten years.

11. The M.R.C. Trial is to continue on a modified scale for a further period, the object being to determine whether and how far the manifest advantages of B.C.G. vaccination persists beyond the so far proven six-and-a-half years of the trial. A scheme will be worked out under which it is hoped that chest physicians and medical officers of health will be able to inform the M.R.C. of any cases of tuberculosis which occur among the trial participants. The M.R.C., B.C.G. Trials Committee will be very grateful for any help that medical officers of health and chest physicians are able to give in this follow up, details of which will be sent to medical officers of health later."

Poliomyelitis.

In February, 1960, the Ministry of Health asked Local Health Authoritities to extend their arrangements for vaccination against poliomyelitis and from that date the following groups were eligible for vaccination :—

1. Children aged six months and over; and all other persons who have not at the time of their application for vaccination reached the age of forty;

2. Expectant mothers;

3. General Medical Practitioners; medical students; hospital staff who come into contact with patients; practising Dental Surgeons; dental students; Dental Hygienists; student Hygienists; Dental Surgeons' Chair-side Assistants; practising Nurses; Ambulance staff; and Public Health staff who might come into contact with poliomyelitis cases; and the families of all the persons mentioned in this group;

4. Persons going to visit or reside in a country outside Europe, other than Canada or the United States of America.

Under these arrangements 38,134 Derbyshire patients received two injections against poliomyelitis during 1960 and 100,661 received their third injection. From the inception of the scheme in 1956 to 31st December, 1960, 208,185 Derbyshire patients had received two injections and of these 177,602 received their third injections.

In December, 1960, the Minister of Health announced a scheme for the vaccination against poliomyelitis of persons not included in the priority groups covered by Local Health Authority arrangements, and as from 1st January, 1961, anyone not included in these arrangements may be vaccinated by his general medical practitioner with inactivated poliovirus vaccine available through the pharmaceutical service.

Yellow Fever.

Persons who propose to travel to certain countries are required to possess a certificate of vaccination against yellow fever as a condition of entry. This form of vaccination has hitherto been carried out at Regional Blood Transfusion Centres and certain hospital laboratories, because the type of vaccine in use until recently has required special storage facilities and techniques. Those requirements no longer apply, since the vaccine is now prepared in dried form and may be stored in an ordinary domestic refrigerator.

On 25th June, 1959, the Ministry of Health issued Circular 19/59 in which it was stated that it was now felt that the requisite protection to persons going abroad might be offered by Local Health Authorities as part of their functions under s.28 of the National Health Service Act. This type of vaccination is required by the International Sanitary Regulations to be performed at centres designated by the Ministry. The Ministry pointed out that there were nineteen existing centres in England and Wales, and it was thought desirable to increase this number, although it was not necessary to establish a centre in every large town. The centres would not need to be open each day, and travellers would be expected—as hitherto—to make an appointment for vaccination (except in an emergency).

The County Health Committee decided to inform the Ministry that they were agreeable to providing facilities for yellow fever vaccination at the County Council Clinics in Derby, Chesterfield and Buxton. As the Ministry had stated that it would be reasonable for authorities providing this service to recover the full cost, it was decided to make a charge of £1 1s. 0d. for each vaccination performed. The Circular also stated that the vaccine would be purchased by the Authority from the manufacturers, and the vaccinations would be performed under the authority of the County Council's Medical Officer of Health, who would be responsible for the issue of the relevant International Certificates of vaccination. The Authority are required to keep detailed records of each vaccination which is carried out.

In March, 1960, the Ministry informed the County Council that it had been decided to designate some forty centres at which vaccination against yellow fever could be provided and they included the Derbyshire County Council's Clinic in Cathedral Road, Derby, which is the only one in the geographical County. Arrangements were made for one of the medical officers on the County Council's staff to be in attendance at this Clinic each Monday morning to vaccinate intending travellers. The scheme came into operation on 1st July, 1960, and during the period 1.7.60 to 31.12.60, sixty-six people had been vaccinated against yellow fever.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation.

During the year a further phase of the Council's Development Plan was implemented by the closure of the day station at Bolsover and the opening of a new twenty-four hour manned station at Eckington. This, in conjunction with the Chesterfield Ambulance Station, gives cover to the whole of the north-east of the County including the "fringe" area of Sheffield hitherto covered mainly by that Local Health Authority as agents of the County Council. As a consequence it was possible to institute certain changes in the organisation in order to ensure a fuller measure of co-ordination; these included arrangements for all calls for ambulance transport, both urgent and non-urgent, to be received by the Chesterfield Ambulance Station which acts as a "clearing house" for the area. This system appears to be effective and is working well both in the interests of the patient as well as from the standpoint of economy.

The County is, ther[illegible], n[illegible]y [illegible]r main stations with radio control and [illegible]ich are manned throughout the twenty-f[illegible]ıb-stat[illegible] manned

AMBULANCE STATION, BAKEWELL.

AMBULANCE STATION, MICKLEOVER.

in the day-time only. Throughout the year under review, the nine day stations continued to be manned from 7 a.m. to 7 p.m.; at the time of writing this report, however, the period has been reduced to 8 a.m.—7 p.m. in respect of all stations with the exception of Glossop. This change took place on the 6th March, 1961, and coincided with the introduction of new rotas for a forty-two hour week. At all day stations, with the exception of Glossop, personnel were on stand-by duty at their homes at night; in the latter case the arrangements with the Cheshire County Council whereby the period from 7 p.m. to 7 a.m. was covered by their Ambulance Station at Stalybridge, was continued. Incidentally, in view of the proximity of the Heanor Ambulance Station to the main station at Ripley, certain night cover was afforded by the latter, dependent on circumstances.

The Superintendents at the main stations, supported by four shift-leaders at each station working on a rota basis, continued to supervise day stations in their area in the absence of the Superintendent, due to such circumstances as holidays and sickness.

The following procedure is adopted for calling an ambulance :—

(*a*) *Urgent Calls.*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the telephone exchange operator and ask for "Ambulance." The caller would be automatically put through to the appropriate ambulance station, when the call would be accepted and dealt with regardless of whom the caller might be.

(*b*) *Non-Urgent Calls.*

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

During the year the Council continued the arrangements with Cheshire County Council whereby the Derbyshire Ambulance Service gave full cover to the Disley area. The reciprocal arrangements with neighbouring authorities remained in force and every effort was made to co-ordinate ambulance journeys with other authorities, particularly those contiguous to the County. Wherever possible ambulances that were returning empty were utilised to convey patients on behalf of other authorities. All long distance journeys outside the County were dealt with centrally in order to reduce the amount of detailed accounting in respect of journeys undertaken on behalf of other authorities the [illegible] bouring authorities to waive charge[illegible]

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	*Telephone Number*		*Address*
	8 a.m. – 7 p.m.	7 p.m. – 8 a.m.	
Main Station			
*MICKLEOVER	Derby 53916		Station Road, Mickleover, Derby.
Sub-Stations			
Ashbourne ..	Ashbourne 441		Green Road, Ashbourne.
Ilkeston	Ilkeston 3401	Derby 53916	Manners Avenue, Ilkeston.
Long Eaton ..	Long Eaton 1055		Briar Gate, Long Eaton.
Swadlincote ..	Swadlincote 7041		Civic Centre, Off Midland Road, Swadlincote
Main Station			
*RIPLEY ..	Ripley 75		Ivy Grove, Ripley.
Sub-Stations			
Heanor	Langley Mill 3141	Ripley 75	Wilmot Street, Heanor.
Matlock	Matlock 706		Town Hall, Bank Road, Matlock.
Main Station			
*BUXTON ..	Buxton 2012		Park Road, Buxton.
Sub-Stations			
New Mills ..	New Mills 3333		Park Road, New Mills.
Bakewell ..	Bakewell 393	Buxton 2012	Baslow Road, Bakewell.
Glossop	Glossop 3101 (7 a.m.—7 p.m.)	(7 p.m.—7 a.m.)	Talbot House, Talbot Road, Glossop.
Main Station			
*CHESTERFIELD	At all times		Ashgate, Chesterfield.
Sub-Station			
**Eckington ..	Chesterfield 6282		Castle Hill, Eckington.

* Manned throughout the 24 hours and equipped for radio control.

** Manned throughout the 24 hours. Apart from the requisition of Ambulance transport, the Tel. No. of this Station is Eckington 2391.

NOTES: (*a*) For all emergency cases, call the Telephone Exchange and ask operator for "AMBULANCE."

(*b*) In all cases of difficulty in contacting a Sub-Station manned only from 8 a.m.—7 p.m. (or 7 a.m. to 7 p.m. as in the case of Glossop) contact should be made, where necessary, with the appropriate Main Station indicated above.

Conveyance of Mentally Disordered Patients.

No change was made in connection with the transportation of mentally disordered patients. The Mickleover Ambulance Station, which is located approximately one mile from the Pastures Hospital, conveyed patients to and from that hospital; under this arrangement full advantage was taken of the use of specially trained nurses from the hospital for escort purposes. The remaining ambulance stations in the

County dealt with the transportation of patients outside the scope of this arrangement. The Ambulance Service continued to convey patients to certain training centres in the County, although to a somewhat lesser degree than in the previous year; all mileage undertaken in this connection was appropriately charged to the Mental Health Service.

Conveyance of Patients by Rail.

During the year 250 journeys were undertaken by this form of transport, compared with 303 in 1959. The advantages of ambulance/rail/ambulance transport, particularly for long distance journeys, are well recognised within the Service and every effort is made to ensure that doctors and hospital staffs responsible for requisitioning ambulance transport are familiar with this method. The Railway Undertaking, as well as other Local Health Authorities, have been most co-operative in connection with the transportation of patients under these arrangements. Similarly the British Red Cross Society and the St. John Ambulance Brigade have been most helpful in providing escorts, some times unavoidably at short notice.

Infectious Diseases.

As in previous years, no ambulances were set aside specifically for the transportation of infectious cases, such patients being conveyed by the general Ambulance Service. All personnel are familiar with the procedure for dealing with such patients and Station Superintendents have been instructed in the disinfection of vehicles, bedding and equipment.

Since 1951, biennial vaccination against smallpox of all operational ambulance personnel has been carried out. The following table shows the number of personnel vaccinated during the past five years :—

Year	*Smallpox Vaccinations*
1956	88
1957	94
1958	94
1959	101
1960	116

Major Accidents.

The procedure for dealing with major accidents is reviewed from time to time and amended instructions issued, when necessary, due to changed circumstances either within the Police, Fire and Ambulance Services or the Hospital Organisation. At the time of writing this report, the latest revised instruction was issued on 17th April, 1961.

Premises.

During the year the following four new Ambulance Stations were completed and occupied from the dates indicated :—

Swadlincote	20th February
New Mills	22nd April
Eckington	2nd May
Ilkeston	9th July

Whilst the ambulance station at New Mills was built in traditional materials the remaining three ambulance stations are partly of timber and partly of traditional construction. The ambulance stations at New Mills and Eckington were both erected by the County Works Department.

These buildings, together with the new ambulance stations previously constructed, have replaced unsatisfactory accommodation and reflect the advances which have been made in the Ambulance Service since its inception.

Included in this report are prints of two different types of ambulance stations erected in the County since 1955, namely :—

(*a*) of brick-work construction;

(*b*) of traditional stone-work construction in the area of the Peak Park Planning Board.

Telecommunications.

The policy of the County Council to equip all 12 volt ambulances with radio-telephony was continued : the older ambulances with the 6 volt electrical system are gradually being passed out of service and are being replaced by 12 volt ambulances fitted with radio-telephony. By the end of the year under review only twelve 6 volt ambulances without radio-telephony remained in the Service. Eight mobile R/T units were ordered during the year although delivery was not effected by 31st December, 1960. These units are, therefore, not included in the figures shown in the following table, which indicates the number of mobile equipment which were operating under the respective fixeds stations on the 31st December, 1960.

Controlling Base Station	*Sub-Station*	*Number of Mobile Equipments*
Buxton	.. .. ..	8
	Bakewell ..	3
	Glossop ..	2
	New Mills ..	4
Chesterfield ..	.. .. ..	11
	Eckington ..	7
Mickleover ..	.. .. ..	8
	Ashbourne ..	2
	Ilkeston ..	3
	Long Eaton ..	3
	Swadlincote ..	4
Ripley	.. .. ..	8
	Heanor ..	2
	Matlock ..	3
	Total ..	68

The tests referred to in my report for 1959 in connection with the proposed establishment of a remotely controlled fixed station at Alport Height, with reciprocal frequency working to eliminate interference at the fixed radio stations at Mickleover and Ripley, were continued during the year. Consultations took place with representatives of the G.P.O. and in November, 1960, the County Health Committee authorised the purchase of the additional equipment required for this scheme. This system has eliminated, to an appreciable degree, interference hitherto experienced and has also afforded a wider coverage.

Personnel.

Safe Driving Awards. The following Table shows the results of the 1960 competition of the Royal Society for the Prevention of Accidents, together with those of the previous five years.

Year	*Entered*	*Not Eligible*	*Disqualified*	*Diploma*	*5 Year Medal*	*Bar to 5 Year Medal*	*10 Year Medal*	*Bar to 10 Year Medal*	*15 Year Brooch*	*Bar to 15 Year Brooch*	*20 Year Brooch*	*Bar to 20 Year Brooch*	*Exemptions*
1955	121	2	20	64	10	22	–	2	–	1	–	–	–
1956	185	5	31	110	7	29	–	1	–	2	–	–	–
1957	171	7	44	76	3	28	1	1	1	2	–	–	8
1958	182	3	50	78	6	27	6	4	–	2	1	–	5
1959	192	7	21	100	9	24	9	8	2	1	1	1	9
1960	181	12	20	85	12	25	4	14	–	3	–	2	4

The total number of accidents in which Ambulance Service vehicles were involved during the year was 162 compared with 138 for 1959 (i.e., an increase of 17.39%). It is pointed out, however, that the ambulance fleet travelled an increased mileage of 6.54% over the previous year. The County Ambulance Officer continued to investigate all accidents no matter how trivial and irrespective of whether or not they occurred on the public highway.

An analysis revealed that of the 162 accidents, 91 were on the public highway, fifty-four within the curtilage of Ambulance Stations, hospitals and other premises, whilst in the remaining seventeen cases, the cause of the damage to our vehicles was unidentified.

Accidents when reversing occurred in thirty instances, i.e., 18.5% of the total, but in twenty-one of those cases the driver had no attendant to give assistance. Ambulance Service drivers were considered blameworthy to some degree in connection with twenty-six accidents, i.e., 16% of the total during the year. When comparing this figure with the twenty shown in the Table above as disqualified it must be borne in mind that some drivers were held to be blameworthy in respect of more than one accident.

Establishment.

The following Table shows the authorised establishment of ambulance personnel as at 31st December, 1960 :—

Ambulance Station	*Station Superintendent*	*Shift Leaders*	*Senior Drivers*	*Driver Attendants*	*Female Clerk*
Ashbourne	1	–	1	5	–
Bakewell	1	–	1	6	–
Buxton	1	4	–	24	–
Chesterfield ..	1	4	–	28	1
Eckington	1	4	–	28	–
Glossop	1	–	1	6	–
Heanor	1	–	1	5	–
Ilkeston	1	–	1	7	–
Long Eaton ..	1	–	1	7	–
Matlock	1	–	1	7	–
Mickleover ..	1	4	–	24	–
New Mills ..	1	–	1	7	–
Ripley	1	4	–	28	–
Swadlincote ..	1	–	1	7	–
Totals ..	14	20	9	189	1

Vehicles.

During the year the following new replacement vehicles were ordered:

(*a*) four Bedford/Lomas ambulances on the J type chassis;

(*b*) two Lomas ambulances on the Land Rover chassis;

(*c*) two Bedford/Lomas light ambulances on the CA chassis.

The Land Rover ambulances, fitted with four-wheel drive, were ordered specifically to operate in the terrain of the Peak district which during the winter months can be difficult.

Delivery of the ten new vehicles ordered in 1959 was effected in 1960. The two Land Rover ambulances and two light ambulances referred to above were also received during the year, making a total of fourteen new vehicles introduced into the Service in 1960. Seven ambulances were, however, passed out of Service, resulting in an increase in the net strength of the fleet of seven ambulances by 31st December, 1960.

The following vehicles were operational on the 31st December, 1960:

Location	*Number of Ambulances*	*Number of Light Ambulances*	*Number of Cars*
Ashbourne	2	1	–
Bakewell	3	1	1
Buxton	5	3	1
Chesterfield ..	8	3	1
Eckington	5	3	–
Glossop	3	1	1
Heanor	2	–	1
Ilkeston	3	1	–
Long Eaton ..	3	1	1
Matlock	3	1	–
Mickleover	5	3	1
New Mills	3	1	–
Ripley	7	3	1
Swadlincote	3	1	1
Pool	6	–	–
Totals ..	61	23	9

The following Table shows the average:

(*a*) daily mileage travelled: (*b*) number of patients conveyed per day; and (*c*) mileage per patient. compared with similar figures for the corresponding months of the previous four years:

Month	1956			1957			1958			1959			1960		
	Average Daily Mileage	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*
January ..	4,328	553	7.8	4,344	558	7.8	4,431	572	7.7	4,645	610	7.6	4,322	567	7.6
February	4,583	590	7.8	4,207	554	7.6	4,043	523	7.7	4,616	588	7.8	4,612	617	7.5
March ..	4,525	569	7.9	4,114	515	8.0	4,366	599	7.8	4,216	530	7.9	4,801	640	7.5
April ..	4,349	592	7.3	4,161	513	8.1	4,361	554	7.9	4,726	598	7.9	4.402	577	7.6
May ..	4,330	567	7.6	4,471	569	7.8	4,359	565	7.7	4,463	560	7.9	5,024	666	7.5
June ..	4,247	553	7.7	4,078	492	8.3	4,356	559	7.8	4,680	598	7.8	4,798	640	7.5
July ..	4,196	515	7.1	4,414	563	7.8	4,347	574	7.6	4,602	600	7.7	4,812	636	7.6
August ..	4,012	507	7.9	4,082	494	8.2	4,146	528	7.8	3,961	498	7.9	4,766	625	7.6
September	4,137	510	8.1	4,207	509	8.2	4,475	579	7.7	4,467	581	7.7	4,875	653	7.4
October ..	4,442	546	8.1	4,175	527	7.9	4,515	587	7.6	4,660	598	7.8	4,805	641	7.5
November	4,382	573	7.6	4,289	536	8.0	4,370	549	7.9	4,430	578	7.6	5,123	704	7.3
December	3,831	476	8.0	3,952	483	8.2	4,233	555	7.6	4,227	552	7.6	4,661	606	7.7
Averages for the year ..			7.8			8.0			7.8			7.8			7.5

The following Table shows the number of patients conveyed and the mileages covered by Ambulances, Light Ambulances and Sitting Case Cars during the year.

1960	*Cars*			*Light Ambulances*			*Ambulances*			*Totals*		
	Accident or Emergency	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*
January	12	1,469	11,413	74	3,636	30,607	654	12,478	91,953	740	17,583	133,973
February	14	1,274	12,443	42	3,176	28,140	684	13,441	93,152	740	17,891	133,735
March	23	1,591	14,956	43	3,909	32,920	765	14,334	100,954	831	19,834	148,830
April	17	1,399	12,082	56	3,565	31,190	828	12,344	88,773	901	17,308	132,045
May	18	1,907	16,534	46	4,326	36,571	863	14,450	102,638	927	20,683	155,743
June..	9	1,167	11,029	48	3,944	34,726	944	14,072	98,188	1,001	19,183	143,943
July	11	1,289	13,512	51	4,684	39,809	946	13,746	95,863	1,008	19,719	149,184
August	8	1,425	12,510	49	4,794	39,979	939	13,162	95,247	996	19,381	147,736
September ..	17	1,411	12,645	50	4,647	38,080	789	13,533	95,539	856	19,591	146,264
October	16	1,643	14,503	47	4,200	33,478	898	14,027	100,967	961	19,870	148,948
November	13	1,307	11,265	56	4,380	38,260	859	15,448	104,159	928	21,135	153,684
December	15	1,283	11,952	54	4,093	36,617	881	13,413	95,917	950	18,789	144,486
Totals ..	173	17,165	154,844	616	49,354	420,377	10,050	164,448	1,163,350	10,839	230,967	1,738,571

PREVENTION OF ILLNESS — CARE AND AFTER CARE

(Section 28)

The County Council as a Local Health Authority may, with the approval of the Minister of Health, make arrangements for the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons. The powers, under this section, therefore, extend over a wide field, and are inter-related with the hospital and specialist, and general practitioner services provided respectively under parts II and IV of the National Health Service Act, as well as the many other enactments administered by the County Council, and the District Councils. A close liaison is maintained with the appropriate hospitals, the County Welfare Officer as well as Medical Officers of Health of Sanitary Districts in carrying out the manifold powers and duties which constitute modern social medicine. For example, when a patient requires admission to hospital, particularly if it is for a long stay, a report is requested from a Health Visitor to help the Hospital staff to determine the priority for admission, the County Welfare Officer is informed, in appropriate cases, as he has duties under the National Assistance Act for safeguarding a person's effects while he is in hospital ; the Children's Officer is informed where help is required in arranging for the care of children ; while the Home Nurse, the Home Help and the Health Visitor, are contacted in suitable cases as their assistance may facilitate the early return of the patient to his home, thus helping to relieve the pressure on hospital beds. Furthermore, patients are often happier at home amid familiar surroundings.

All the home nurses are provided with a stock of sick room equipment which is readily available for loan to patients when nursed in their own homes. Articles such as wheel-chairs (self-propelled and push-type), hospital type bedsteads, sponge rubber mattresses and commodes are loaned on a temporary basis. A side-folding self-propelled chair, which is now on the market, is proving very popular, as it easily manoeuvred within the house, whilst at the same time it is suitable for short outdoor excursions. The request for wheel-chairs is very heavy, particularly in the summer months. While persons suffering from permanent or semi-permanent disabilities may be provided, through the Hospital and Specialist Services, with wheel chairs of various kinds, including motor-propelled, not infrequently requests are received from hospitals for wheel chairs to be loaned to patients suffering from permament disabilities until a special chair can be provided through the Hospital and Specialist Services, and wherever possible these requests are met. Special walking-aids are provided to help cripples, adults and children, to learn or re-learn to walk. All these articles are loaned free of charge. The Council's service is becoming more widely known and further stocks of all these articles are purchased from time to time to meet the increasing demand. There is every reason to believe that sick room equipment and articles mentioned above add to the comfort of patients and are much appreciated.

In addition, the Council has for a number of years made a grant to the British Red Cross Society, in consideration of the assistance provided through their Medical Loan Scheme to Derbyshire residents.

Blindness and Partially-Sightedness.

The County Council is responsible for the welfare of the Blind and Partially Sighted, and the service is under the direct control of the County Welfare Committee.

All applicants for registration as Blind or Partially Sighted Persons are required to be medically examined, and for some years a standard form of medical report and certificate (Form B.D.8), which was introduced by the Ministry of Health, has been in general use throughout the country. Wherever possible Ophthalmologists of Consultant status are asked to examine applicants and complete the Form. As these Forms contain medical information which is of a confidential nature, the examinations are arranged through the County Health Department. With the written consent of the person concerned, particulars on broad lines are transmitted to the County Welfare Officer for registration, classification, and follow-up purposes.

During the year 240 Forms B.D.8. were received in respect of new applicants for registration ; of this number 213 were registered Blind or Partially Sighted, and 27 were certified Not Blind or Partially Sighted. In a number of instances persons are re-examined at intervals of time or when treatment has been carried out; 32 such examinations were arranged and further Forms B.D.8 completed.

Analysis of the re-examinations reveal the following information:—

Category	Blind remaining Blind	–
„	Partially Sighted remaining Partially Sighted ..	6
„	Partially Sighted to Blind	16
„	Blind to Partially Sighted	2
„	Blind to Not Blind	3
„	Not Blind to Blind	3
„	Not Blind to Partially Sighted..	–
„	Partially Sighted to Not Blind..	1
„	Not Blind remaining Not Blind	1
		32

In the following table the newly registered Blind and Partially Sighted Persons are classified on broad lines and the number of persons recommended (*a*) no treatment, and (*b*) treatment, are in-

dicated, together with the number which on "follow-up" action, have received treatment :—

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	Cause of Disability				
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*	*Total*
(i) Number of Cases registered during the year in respect of which Section F of forms B.D.8 recommends :—					
(*a*) No Treatment ..	14	5	—	60	79
(*b*) Treatment (Medical, Surgical, or Optical)	54	31	—	79	139
(ii) Number of cases in (i) (*b*) above which on follow-up action have received treatment	18	26	—	62	106

B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year .. 2

(ii) Number of cases in which—

(*a*) Vision lost .. .. –

(*b*) Vision impaired .. .. –

(*c*) Treatment continuing at end of year .. .. –

The incidence of this disease has in recent years been small, and modern methods of treatment usually prevent loss or impairment of vision.

C. CATARACT, GLAUCOMA AND RETROLENTAL FIBROPLASIA

The Ministry has asked that particular reference should be made to cataract and glaucoma in old people and retrolental fibroplasia in premature infants.

Statistics with regard to cataract and glaucoma prior to 1953 are not readily available, but the following table shows the number of persons suffering from these diseases who were registered as Blind or Partially Sighted in the years 1953 to 1960 which clearly indicates that these diseases are more prevalent in the upper age groups.

		Under 50	50-60	60-70	70-	Total
Cataract ..	1953	14	5	32	126	177
	1954	10	9	22	145	186
	1955	1	5	19	110	135
	1956	4	6	18	94	122
	1957	2	3	10	99	114
	1958	3	3	9	67	82
	1959	3	1	5	61	70
	1960	4	2	9	53	68
Glaucoma ..	1953	1	1	7	11	20
	1954	–	3	3	8	14
	1955	1	1	5	14	21
	1956	1	2	5	23	31
	1957	1	–	1	11	13
	1958	–	3	8	17	28
	1959	–	–	4	12	16
	1960	1	2	8	25	36

It is pleasing to see that the number of persons registered as Blind or Partially Sighted, due to cataract, is decreasing. Two factors may play a part in this decrease, namely : (1) possibly people are seeking medical advice and treatment earlier than formerly, and (2) surgical treatment may now be carried out at an earlier stage in the development of the condition than was the case in the past, thus preventing blindness occurring. However it would seem that there is a natural reluctance for the elderly to undergo operative treatment.

With regard to retrolental fibroplasia, this is a condition which it has been suggested may be due to an excessive amount of oxygen being administered in cases of prematurity, which, most unfortunately results in blindness. In this County the incidence has been small, up to the end of 1960 only six cases had been reported, three in 1952, two in 1955, one in 1956.

D. INCIDENCE OF BLINDNESS

The following table shows the incidence of blindness in age groups from 1943 to 1960. It will be seen that generally speaking blindness is an affliction of the more elderly and is much more prevalent in the females over sixty-five years of age than in the males of the corresponding age group. It must be realised, however, that women on the whole live longer than men.

Incidence of Blindness in Age Groups from 1943 to 1960

Year Ended 31st Dec.	Under 5			Aged 5 to 15			Aged 16 to 64			Aged 65 and over			All Ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1943	2	1	3	8	7	15	270	212	482	269	332	601	549	552	1,101
1944	2	1	3	9	5	14	267	194	461	282	326	608	560	526	1,086
1945	1	–	1	9	4	13	278	194	472	255	298	553	453	496	1,039
1946	1	–	1	11	7	18	258	158	416	259	322	581	529	487	1,016
1947	3	–	3	11	7	18	254	163	417	242	304	546	510	474	984
1948	3	1	4	10	7	17	256	169	425	234	293	527	503	470	973
1949	4	1	5	12	4	16	227	167	394	266	321	587	509	493	1,002
1950	4	4	8	16	5	21	226	181	407	295	377	672	541	567	1,108
1951	3	2	5	15	6	21	233	187	420	305	401	706	556	596	1,152
1952	3	1	4	16	7	23	239	204	443	331	422	753	589	634	1,223
1953	3	2	5	18	6	24	235	203	438	349	470	819	605	681	1,286
1954	4	4	8	21	4	25	238	202	440	360	546	906	623	756	1,379
1955	5	4	9	19	6	25	233	208	441	373	578	951	630	796	1,426
1956	5	6	11	18	5	23	252	212	464	379	631	1010	654	854	1,508
1957	2	4	6	17	9	26	243	207	450	364	647	1011	626	867	1,493
1958	–	2	2	20	9	29	245	197	442	380	666	1046	645	874	1,519
1959	2	3	5	20	11	31	246	204	450	387	700	1087	355	918	1,573
1960	4	1	5	20	11	31	247	213	460	382	689	1071	653	914	1,567

Chiropody.

In April, 1959, the Ministry of Health issued the following Circular 11/59 :—

"National Health Service Act, 1946

Section 28

Chiropody Services

1. I am directed by the Minister of Health to state that he is now prepared to approve proposals by local health authorities who wish to establish or, where one already exists, extend a chiropody service as part of their arrangements for the prevention of illness under Section 28 (1) of the National Health Service Act, 1946.

2. If the Council decide to provide or extend a chiropody service they should submit any necessary new proposals modifying their existing proposals accordingly. The new proposals should indicate the extent and method of providing the service intended at first but should allow for any later development or variation so as to avoid the need for a further formal amendment of the authority's proposals.

3. While it is not suggested that the new proposals should contain any formal limitation of the scope of the service, the Minister suggests that at least in the early stages priority should be given to the elderly, the physically handicapped and expectant mothers. He hopes that where it is proposed to provide a service in the authority's own premises it will generally be possible to make use of suitable existing buildings such as clinics at times when the necessary accommodation is not in use for other purposes. It would also be open to authorities to arrange for treatment to be provided at a chiropodist's own premises. Domiciliary visits by chiropodists to patients who are unfit on medical grounds to attend for treatment may be necessary, though no doubt the authority will consider whether in particular cases it would be more economical to provide transport for the patient concerned.

4. As the Minister considers that it would be appropriate for local health authorities providing a service to exercise their power under Section 28 (2) to make charges for it, he hereby gives his approval to the making of such charges, if any, as are considered reasonable, having regard to the means of the persons availing themselves of the service provided.

5. The authority is reminded that to qualify for employment chiropodists must satisfy one or other of the qualifications laid down in Section 3 of the National Health Service (Medical Auxiliaries) Regulations, 1954. (Statutory Instrument No. 55, 1954).

6. The authority will also be aware that as from 1st April, 1959, by virtue of paragraphs 19 and 35 of the Eighth Schedule and Part II of the Ninth Schedule to the Local Government Act, 1958, the Minister's approval is no longer required to contributions by local health authorities to the funds of voluntary organisations providing chiropody services. The Minister is aware of the valuable arrangements already made to provide chiropody services for elderly people by many local voluntary organisations at clubs and elsewhere. In some areas the authority may decide that a continuation of this provision with appropriate financial assistance may well be the most acceptable way of meeting the needs of this age group for some time to come.

7. A copy of this Circular is being sent to the Medical Officer of Health."

The County Council's Proposals under the National Health Service Act, 1946, to establish such a service were approved by the Minister on 26th October, 1959 and read as follows :—

"(*E*) *Chiropody Services.*

The Authority propose to establish gradually a Chiropody Service as part of their arrangements for the prevention of illness, care and after-care, under Section 28 of the National Health Service Act, 1946. It is intended that there should be no formal limitation of the scope of the service but that in the early stages priority should be given to the elderly, the physically handicapped and expectant mothers.

It is proposed that the service may be provided in any one or more of the following ways at the discretion of the Authority :—

(*a*) By the employment of Chiropodists (either full-time or part-time or on a case basis) who are eligible for employment by a Local Health Authority.

(*b*) So far as possible by the provision of treatment at suitable premises already in the possession of the Authority at times when the necessary accommodation is not in use for other purposes.

(*c*) By making arrangements for treatment to be provided at a Chiropodist's own premises in appropriate cases.

(*d*) By making arrangements for domiciliary visits by Chiropodists to patients who are unfit on medical grounds to attend for treatment.

(*e*) In suitable cases by providing transport to enable patients to attend for treatment.

(*f*) By giving financial assistance to suitable voluntary organisations for providing a Chiropody Service."

Qualifications of Chiropodists. The qualifications of chiropodists who may be employed by local health authorities are governed by the National Health Service (Medical Auxiliaries) Regulations, 1954. In 1959 the Ministry issued some notes on these qualifications for the guidance of local authorities and they are quoted below :—

"The qualifications required by a chiropodist for employment in the National Health Service by hospital authorities and local health authorities are governed by the National Health Service (Medical Auxiliaries) Regulations, 1954. A copy of these Regulations was sent to local health authorities under cover of Circular 9/54 of 14th April, 1954.

The present acceptable qualifications may be summarised as follows:—

Regulation 3 (1)—He was **on the 31st March, 1954** employed either whole-time or part-time as a chiropodist by one of the following :—

(*a*) A Regional Hospital Board or Hospital Management Committee.

(*b*) The Board of Governors of a teaching hospital.

(*c*) A local health authority in their capacity as such authority.

(*d*) A Regional Hospital Board or local health authority or education authority in Scotland.

(*e*) The Northern Ireland Hospitals Authority.

(*f*) The Northern Ireland Tuberculosis Authority.

(*g*) A health authority or welfare authority constituted under the Public Health and Local Government (Administrative Provisions) Act (Northern Ireland) 1946.

Regulation 3 (2)—He had **on or before the 31st March, 1954** passed the qualifying examination of (1) the Joint Council of Chiropodists (now the Institute of Chiropodists) or (2) the Society of Chiropodists, after attending a full-time day course of training in chiropody for not less than two years.

Regulation 3 (3)—He holds a Certificate issued by the Society of Chiropodists certifying that he has attended a course of training and passed an examination approved by the Minister of Health. (This applies to persons qualifying after 31st March, 1954).

Regulation 3 (4)—His name is included in a List kept by the Minister of persons not otherwise qualified under the Regulations, who have satisfied him that both their training and their experience are adequate for employment in the Health Service. All persons included in the list have a letter to this effect from the Ministry.

Regulation 3 (5)—His name is included in a similar list kept by the Secretary of State for Scotland.

Notes :—Since the 31st March, 1954, only persons obtaining the Society of Chiropodists' Certificate have been able to qualify under Regulation 3 (3) (i) because the Society's course of training and examination is the only one so far to have received the Minister's approval.

No course of training and examination outside the United Kingdom has up to now been approved by the Minister (Regulation 3 (3) (ii)).

Membership of the Institute of Chiropodists or of the Society of Chiropodists does not by itself constitute a qualification for employment under the National Health Service. Equally, lack of membership of either the Institute or the Society does not necessarily mean that a person is not so qualified under the 1954 Regulations.

The Board of Registration of Medical Auxiliaries is an independent body and has no official status. It does not follow that because a chiropodist's name is on the Board's Register he is qualified in accordance with the above Regulations for employment under the National Health Service—and the converse is also true.

The Regulations do not apply to chiropodists employed by voluntary organisations to which local health authorities may contribute under Section 28 (3) of the National Health Service Act, 1946.

The Government has announced its intention of introducing legislation at an early date for the statutory registration of chiropodists and certain other medical auxiliaries."

Doubt has been expressed from time to time as to how far the 1954 Regulations with their serious restriction on the number of persons who could be considered as qualified applied to local health

authorities. The difficulty will be made clear when it is stated that apart from certain special categories a chiropodist to be qualified under the Regulations must have trained for two years, day-time, full-time, at a recognised training school. There should have been no doubts on this point as para. 5 of Circular 11/59 quoted on page 108 of this report makes the position clear. A further Circular dated 14/12/60, (L.H.A.L. 3/60), from the Ministry of Health (quoted below) showed the position was not altered by the passing of the new Professions Supplementary to Medicine Act.

> "I am directed by the Minister of Health to draw your Council's attention to the Professions Supplementary to Medicine Act, 1960, which received the Royal Assent on 27th October, 1960. The Act provides machinery for registering members of certain professions and for regulating their professional education and conduct. The professions are chiropodists, dietitians, medical laboratory technicians, occupational therapists, physiotherapists, radiographers and remedial gymnasts. The procedure will be carried out through seven registration boards, one for each profession, under a co-ordinating Council.
>
> The various provisions of the Act will be brought into effect on dates to be determined by Orders in Council. For the present, however, the National Health Service (Medical Auxiliaries) Regulations, 1954, which prescribe the qualifications required by these classes for employment in the National Health Service, continue to apply, and appointments in the National Health Service of members of the above classes must continue to comply with the requirements of the Regulations. When in due course the registers of the professions have been compiled, registration will replace the present prescribed qualifications as the qualification for employment in the National Health Service, but this will not happen for some time yet."

It will be seen that this re-inforced our previous view that local health authorities could not escape the full implications of the 1954 Regulations. I reported to the County Health Committee in November, 1960, on the new "Professions Supplementary to Medicine Act" in the following terms :—

> "The Parliamentary Bill "Professions Supplementary to Medicine" has now become an Act to provide (*a*) for the establishment of a Council, boards and disciplinary committees for certain professions supplementary to medicine; (*b*) for the registration of members of those professions, for regulating their professional education and professional conduct; and (*c*) for cancelling registration in cases of misconduct. I thought the following extract would be of interest to your Committee :—

The Council for Professions Supplementary to Medicine. and the boards. (Section 1)

> "1.—(1) There shall be a body, to be called the Council for Professions Supplementary to Medicine (in this Act referred to as "the Council") which shall have the general function of co-ordinating and supervising the activities of the boards established under this Act, and the additional functions assigned to it by this Act.
>
> (2) For each of the following professions, that is to say, chiropodists, dietitians, medical laboratory technicians, occupational therapists, physiotherapists, radiographers and remedial gymnasts, there shall be a body, to be called the Chiropodists Board, the Dietitians Board, and similarly for the other professions, which shall have the general function of promoting high standards of professional education and professional conduct among members of the relevant profession, and the additional functions assigned to it by this Act."

"Registration of members of the supplementary professions.

Establishment and maintenance of registers (Section 2)

2.—(1) It shall be the duty of each board to prepare and maintain a register of the names, addresses and qualifications, and such other particulars as may be prescribed, of all persons who are entitled in accordance with the provisions of this Act to be registered by the board and who apply in the prescribed manner to be so registered.

(2) For the purpose of this Act, a person is registered by a board, and in respect of a profession, if his name is on the register maintained under this Act by the board for that profession.

(3) The Council may, after consultation with all the boards for the time being established under this Act, make rules with respect to the form and keeping of the registers maintained by the boards and the making of entries, alterations and corrections therein, and in particular :—

(*a*) regulating the making of applications for registration and providing for the evidence to be produced in support of applications;

(*b*) providing for the notification to a board of any change in the particulars entitling a person to registration;

(*c*) prescribing the fees to be paid in respect of the entry or retention of names on the register, being such fees as the Council considers will produce not more than the sums required to defray the reasonable expenses of the Council under this Act;

(*d*) authorising a board to refuse to enter a name on the register until any fee prescribed for the entry has been paid, and to remove from the register the name of any person who, after the prescribed notices and warnings, fails to pay any fee prescribed for the retention of his name on the register or fails to notify the board of any change in the particulars entitling him to registration;

(*e*) prescribing anything failing to be prescribed under the foregoing provisions of this section;

and any such rules may make different provision for different circumstances.

Rules under this subsection shall not come into force until confirmed by order of the Privy Council.

(4) It shall be the duty of each board :—

(*a*) to cause its register to be printed, published and put on sale to members of the public not later than two years from the beginning of the year next following that in which the board is established; and

(*b*) in each year after that in which its register is first published under paragraph (*a*) above, to cause to be printed, published and put on sale as aforesaid either a corrected edition of the register or a list of alterations made to the register since it was last printed; and

(*c*) to cause a print of each edition of the register and of each list of corrections to be deposited at the offices of the Council;

and it shall be the duty of the Council to keep the registers and lists so deposited open at all reasonable times for inspection by members of the public.

(5) A document purporting to be a print of an edition of a register published under this section by authority of a board in the current year, or documents purporting to be prints of an edition of a register so published in a previous year and of a list of corrections to that edition so published in the current year, shall be admissible in any proceedings as evidence, and in Scotland sufficient evidence, that any person specified

in the document, or the documents read together, as being registered by the board is so registered, and that any person not so specified is not registered by the board.

Qualifications for registration (Section 3)

3.—(1) Subject to section nine of this Act and to rules under the last foregoing section, a person shall be entitled to be registered by a board if he applies for registration after such date as the board may by order appoint for the purposes of this section and satisfies the board :—

(*a*) that he has attended a course of training approved by the board under section four of this Act; and

(*b*) that the course was conducted at an institution so approved, or partly at one such institution and partly at another or others; and

(*c*) that he holds a qualification so approved.

(2) Subject as aforesaid, a person shall be entitled to be registered by a board if he applies for registration on or before the date aforesaid and satisfies the board that :—

(*a*) he is qualified, in relation to the relevant profession, as mentioned in regulation 3 of the National Health Service (Medical Auxiliaries) Regulations, 1954, or the corresponding provision in force in Scotland (which relate to the qualifications of persons for employment under the National Health Service in the professions mentioned in section one of this Act); or

(*b*) he holds a qualification for the time being accepted for the purposes of this paragraph by the board; or

(*c*) he has had such training and practical experience in the relevant profession as the board considers are together sufficient to enable the applicant to practise that profession; or

(*d*) in consequence of his practical experience in the relevant profession, he is competent to practice that profession, and

shall be so entitled if he applies for registration after the date aforesaid and satisfies the board on that date he satisfied the requirements of any of paragraphs (*a*) to (*d*) of this subsection.

(3) If the board refuses an application for registration made in pursuance of subsection (2) of this section, or neither grants nor refuses such an application before the expiration of twelve months from the date of the application, the applicant may appeal to the Council in accordance with rules made by the Council and confirmed by order of the Privy Council; and the said subsection (2) shall apply for the purposes of the appeal as if for references to the board in paragraphs (*b*) and (*c*) and to satisfying the board there were substituted respectively references to the Council and to satisfying the Council.

(4) Subject as aforesaid, a person shall be entitled to be registered by a board if he satisfies the board :—

(*a*) that he holds a qualification granted outside the United Kingdom and for the time being accepted for the purposes of this sub-section by the board; and

(*b*) if the board so requiries, that he has had sufficient practical experience in the relevant profession."

Use of titles Section 6

"6.—(1) A person who is registered shall be entitled to use the title of state registered chiropodist or state registered dietitian (and similarly for the other professions mentioned in section one of this Act) according to the profession in respect of which he is registered.

(2) Any person who :—

(*a*) takes or uses either alone or in conjunction with any other words, the title of state registered chiropodist, state chiropodist

or registered chiropodist (and similarly as respects the other professions mentioned in section one of this Act) when his name is not on the register established under this Act in respect of the profession; or

(*b*) takes or uses any name, title, addition or description falsely implying, or otherwise pretends, that his name is on a register established under this Act,

shall be liable on summary conviction to a fine not exceeding fifty pounds and, in the case of a second or subsequent conviction, to a fine not exceeding one hundred pounds.

Penalty for false representations, etc., to obtain registration (Section 7)

7. If a person procures or attempts to procure the entry of any name on a register established under this Act by wilfully making or producing or causing to be made or produced, either verbally or in writing, any declaration, certificate or representation which he knows to be false or fraudulent, he shall be liable on summary conviction to a fine not exceeding one hundred pounds."

Short title, extent and commencement (Section 14)

"14.—(1) This Act may be cited as the Professions Supplementary to Medicine Act, 1960.

(2) It is hereby declared that this Act extends to Northern Ireland, and for the purposes of section six of the Government of Ireland Act, 1920 (which precludes the Parliament of Northern Ireland from amending the Acts of the Parliament of the United Kingdom passed after the day appointed for that section to come into operation) this Act shall be treated as passed before that day.

(3) This Act shall come into operation on such day as Her Majesty may by Order in Council appoint, and different days may be appointed for different provisions." "

The important points to be observed in the new Act are that section 2, sub-section 4, paragraph (*a*) makes it clear that registers are expected to be published not later than two years from the beginning of the year next following that in which an individual board is established, and further, section 14 (3) makes it clear that the Act is not in operation at the present time but only when it is so made by order in Council, and that it may be brought into operation in different parts for different professions, and at different times.

During the year under review, interviews of candidates were carried out at Eckington, Ripley, Buxton, Derby and Chesterfield; twenty-seven were seen. All who were qualified under the 1954 Regulations were appointed to start service within the County as soon as could be arranged. In two cases service was not, in fact, commenced until 1961. During 1960, part-time clinics were started at Chesterfield, with two chiropodists, but arrangements were made for clinics also to be started at New Mills, Buxton, Dronfield and Frecheville. I may add that since the end of the year, further clinics have been arranged at Glossop, Ashbourne, and Clowne.

The demand at Buxton and New Mills increased rapidly and as the chiropodists in those areas were able to allow us extra sessions, the number of sessions per week at Buxton was increased to two and later to three, and at New Mills from one to two. I make this point so that there should be no doubt that where chiropodists are available, and a demand exists, the Council is doing all it can to meet the needs of the

public. To summarize the position, the following shows where the scheme is being carried out and the times at which sessions are held so far as has been arranged up to the time of writing this report :—

Clinic	*Times of Opening*	*Chiropodist*
ASHBOURNE St. Oswald's Hospital	1st and 3rd Mondays of the month, 9.30 a.m.to 12.30 p.m.	Mr. T. E. Martin, M.Ch.S.
BUXTON Bath Street ..	Tuesday— 9.15 a.m. to 12.15 p.m. 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m.	Miss B. M. H. Wyse, M.Ch.S., S.R.N., C.M.B.
CHESTERFIELD Brimington Road	Tuesday— 10.30 a.m. to 1.30 p.m.	Mr. G. Carter, M.Ch.S. Mr. J. B. Hewitt, M.Ch.S.
CLOWNE Creswell Road ..	Tuesday— 9.30 a.m. to 12.30 p.m.	Miss J. Wright, M.Ch.S.
DRONFIELD The Grange ..	Thursday— 2.0 p.m. to 5.0 p.m.	Miss H. G. Orme, M.Ch.S.
FRECHEVILLE .. Fox Lane	Monday— 2.0 p.m. to 5.0 p.m.	Miss H. G. Orme, M.Ch.S.
GLOSSOP George Street ..	Monday— 10.0 a.m. to 1.0 p.m. Wednesday— 2.0 p.m. to 5.0 p.m.	Mr. K. Horrox, M.Ch.S.
NEW MILLS High Lea Hall ..	Wednesday— 1.30 p.m. to 4.30 p.m.	Mrs. I. Greenhalgh, M.Ch.S.

Publicity. To enable everyone concerned to be made aware of the Council's proposals, a brief resume of the Chiropody Scheme has been circularized. It is quoted below in full :—

"CHIROPODY SERVICE

Notes on the County Council's Scheme as a Local Health Authority, for Providing Chiropodial Treatment

(1) The Derbyshire County Council, acting as a Local Health Authority, has decided to establish gradually a Chiropody Service as part of their arrangements for the prevention illness, care and after-care, under Section 28 of the National Health Service Act 1946.

The following notes in "question and answer form" have been written for the information of medical practitioners, the County Council's medical and nursing staff, and other interested persons, in the hope that they may facilitate the introduction of the scheme.

(2) *Who may be Treated* ? Although there is no formal limitation of the ultimate scope of the service, in the early stages it is limited to the following groups :—

(*a*) *The Elderly*, (i.e. males over the age of sixty-five and females over the age of sixty years).

Chiropodial treatment for the elderly will be **free,** and is not subject to the application being supported by a medical certificate.

(*b*) *The Physically Handicapped*, and other persons for whom there are particular medical grounds.

(*c*) *Expectant Mothers.*

Patients in groups (*b*) and (*c*) above may receive **free** chiropodial treatment, provided that their applications are supported by a certificate from their General Medical Practitioner.

(Note :—**At a later stage** in the development of the service, chiropody may be provided for other persons, providing they pay a standard charge based on the cost of the normal service plus a charge for dressings and any additional treatment provided. In cases of hardship such patients may apply for free treatment or treatment at a reduced charge. **When this stage is reached publicity will be given to the fact).**

(3) *Where will Treatment be Provided* ?

(*a*) Treatment will usually be carried out at **County Council Clinics.** If necessary, ambulance transport will be arranged for appropriate patients, subject to the usual rules applicable to the use of the County Council's Ambulance Service (namely, on the authority of a doctor, dentist, nurse or midwife, as well as a hospital or any other institution for the sick, provided that the patient cannot reasonably be required to travel by public transport).

(*b*) It is also recognised that there may be some patients who will need to be provided with chiropodial treatment **in their own homes.** Before such domiciliary treatment is arranged, however, it will be necessary for the patient to produce **a medical certificate** from his or her General Medical Practitioner stating that this is essential on medical grounds, and the Chiropodist will seek the prior approval of the County Medical Officer of Health.

(4) *How is Application for Chiropodial Treatment Made* ?

(*a*) The County Council's scheme will come into operation in different parts of the County at different times, as the services of Chiropodists become available. In the early stages, only a limited number of sessions will be available.

(*b*) When sessions are arranged at a particular County Council Clinic these notes will be issued to Doctors, nurses and other interested persons in the area likely to be served as well as a covering letter giving details of the service which has been arranged.

(*c*) Some patients will already be known to the Chiropodist (e.g. through Old People's Clubs) and in these cases, if they are in the eligible groups, it will be a simple matter for an arrangement to be made directly between the patient and the Chiropodist.

Some patients may be in touch with members of the County Council's staff (e.g. Midwives, Health Visitors, Home Nurses) and the latter should assist in arranging treatment. All that is necessary is a written request addressed to the Chiropodist at the particular Clinic giving name, age, address and group (see para. (2) above).

Requests for :—

(i) *Clinic* treatment for expectant mothers and the physically handicapped should be accompanied by a medical certificate.

(ii) *Domiciliary* treatment for all groups should be supported by a medical recommendation.

(iii) *Ambulance* transport should be arranged as mentioned in 3 (*a*) above."

The Notes have been sent to Members of the Council, Medical Officers of Health, General Practitioners, many categories of County Council staff, Clerks of the District and Parish Councils, the Secretaries of Hospital Management Committees, Secretaries of Old People's Clubs, the County Welfare Officer, Chiropodists on the Council's staff and to the National Assistance Board.

As Old People's Clubs obviously occupy a special position with regard to chiropody, a special short note was addressed to the Secretaries of such Clubs in the areas where we were able to start a service and a copy of that note is quoted below :—

"I enclose some information concerning the inauguration of the Council Council's Scheme, as a Local Health Authority, for providing a Chiropody Service, which is starting in the north-east of the County (as described in the "Chiropody Notes" Nos. 1 and 2 herewith).

I understand that hitherto some of the funds of the Old People's Clubs have been very kindly used to assist the elderly to pay for chiropodial treatment. You will observe from the enclosed information that **free** treatment for the elderly is to be provided under the County Council's Scheme. It has been suggested, however, that some elderly people might appreciate some financial or other assistance towards transport to the Clinic, and in forwarding particulars of the County Council's Scheme I have been asked to mention this point for your kind consideration."

Future Programme. It will be clear from what has been said above that expansion of the Service now depends on the new "Professions Supplementary to Medicine" Act, being brought into force, the Boards formed, qualifications laid down and a register of qualified chiropodists made available to Local Health Authorities. Until this register is available, which may well contain the names of many experienced chiropodists who are not qualified under the old 1954 Regulations, little further progress can be made, though efforts are being carried out in all parts of the County to see where expansion can take place.

Equipment. As I stated in the Annual Report for 1959, ten sets of equipment were ordered during that year, and during 1960 a further ten sets were provided. I may add that all chiropodists who were interviewed and shown the equipment so provided expressed themselves as very well satisfied with what had been chosen. I make this point because it is the Council's intention that only the best equipment should be acquired in order that a first class service can be provided.

Domiciliary Visits. Domiciliary visits can be arranged for persons in the priority groups, provided a medical certificate is provided. These facilities have been used to a considerable extent in one or two parts of the County. The difficulty in other parts is that chiropodists are so fully booked up that they cannot spare the time to make such visits.

Demand for the Service. Where clinics have been established, with one exception, where the clinic was slow to get under way, there has been considerable demand for the service of chiropodists and there are already large waiting lists at some clinics. Statistics up to the end of 1960 would show the position only at Chesterfield and it is not, therefore, proposed to include any tables of cases seen or work carried out in this Annual Report.

Mass Radiography.

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless the following four Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time :—

Sheffield Regional Hospital Board.
- Nottingham Area No. 2 Unit, based on Nottingham.
- South Yorkshire Area Unit, based on Doncaster.
- Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board.
- Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Occupational Therapy for Patients suffering from Tuberculosis

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

Chest and Heart Association (formerly the National Association for the Prevention of Tuberculosis).

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some sixty years and has done good work in the campaign against tuberculosis. In January 1959 the title of the Association was changed to correspond with the widening scope of their work in the field of chest and heart diseases.

Village Settlements.

The demand in this County for accommodation in these Settlements continues to be small. On the 31st December, 1960, there were two male patients in Sherwood Village Settlement, one of whom has the tenancy of a house in the Settlement.

Chest Clinics.

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being officers of the Boards Nevertheless the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

HEALTH EDUCATION

The Health Education Service continued to develop this year, as outlined in last year's report. Apart from the Senior School Medical Officer and Deputy Superintendent Health Visitor the Central Office staff has had the assistance of Miss Fleay, Health Education clerk, but the field work is done mainly at clinics or schools by the School Doctors, Health Visitors, Midwives and School Nurses. The programme is based on particular exhibitions which are shewn at the different clinics supported by films, film strips and talks.

Dental Health.—Mr. Gray, the Principal Dental Officer, had filled a large jar with teeth extracted from school children at one of the clinics during the year. This was incorporated in a Dental Health Exhibition which was first shewn at Derby Clinic. It received national publicity, being mentioned on the B.B.C. news, Independent Television and in national newspapers.

The exhibition was composed of a jar of teeth, dental show-cases lent by the General Dental Council, a display board illustrating prevention of caries and caring for teeth, and models made also by Mr. Gray. The whole exhibition was supported by suitable posters and leaflets purchased from the General Dental Council. It proved extremely popular and was moved from Derby Clinic to various main clinics in the county as well as to Wirksworth Town Hall. This exhibition was "supported" in all County schools. The schools had been provided with posters and a total of 99,000 leaflets. A report was put in one of the Education Department's monthly bulletins to schools, pointing out that the County Health staff would be prepared to give talks, etc., in any school.

The following sound films were obtained and used for shewing in schools : "No Toothache for Noddy," "No Toothache for Eskimos," and "Guilty or Not Guilty". "Tooth in Time," which was already owned by the County Health Department was also used.

These films were shewn by Health Visitors, and School Nurses, and talks were given by them as well as by the Principal Dental Officer, Dental Officers, Senior School Medical Officer and School Medical Officers.

Following up a Resolution passed at the National Federation of Women's Institutes Annual General Meeting held in London in May: "That this meeting, re-affirming the Mandate of 1926 on Care of Teeth, urges that more widespread instruction on the prevention of decay, stressing importance of diet, be given in ante-natal and post-natal clinics, school W.I.s, and other institutions", the Senior School Medical Officer and Deputy Superintendent Health Visitor met the Public Relations Sub-Committee of the Derbyshire Federation of Women's Institutes and decided on the following campaign :—

Displays on Dental Health were put on in the Women's Institute tent at the County Show and also in the Pavilion Gardens at Buxton on the day of the Autumn Council Meeting. Publicity, that films and talks on dental health were available from County staff, appeared in the

Women's Institute County Letter which is circulated to all institutes in the County. The Principal Dental Officer and his assistants, and the Deputy Superintendent Health Visitor and some Health Visitors have received, and are still receiving, invitations to attend meetings.

Mental Health.—Mental Health Year began in July with a special Mental Health week. We held an exhibition which was displayed in Swadlincote Library shewing the history of Mental Health, the development of the Mental Health services, the means of prevention of mental illness, and a separate stand of exhibits arranged by Dr. Fynne, the Senior Medical Officer for Mental Health, to show the work done at training centres and the facilities provided for the mentally handicapped. This exhibition was shewn subsequently at the County Council Clinics, when the Health Visitors made it the special theme of their talks. Sound films shewn were : "Your Children's Play," and "Your Children and You." Film strips of child development, lectures to Health Visitors, and visits to the Mental Hospitals by Health Visitors were arranged.

Smoking and Lung Cancer.—The B.B.C. Film, "Facts and Figures," is hired when a talk is given by the Senior School Medical Officer at the request of Headmasters of Secondary Schools. The film strip, "The Problem of Lung Cancer" is available to the doctors and health visitors for shewing to schools and Parent/Teacher Associations. The Central Council's flannelgraph illustrating the Medical Research Council's findings on the relationship between cigarette smoking and lung cancer in doctors is also available. Many talks were given but not enough for us to feel fully satisfied about the campaign. The exhibition was shewn in the large window at the County Council Clinic at Derby and afterwards at schools and other clinics in the county. The Central Council's cancer posters were displayed at all County Clinics during the month of June and 3,000 book markers were distributed by the County Libraries. "The Message of a M.O.H." leaflets were sent to support a campaign run by the Medical Officer of Health of Buxton and one run by the Medical Officer of Health of Glossop.

"Easing the Effort."—The North Western Electricity Board arranged exhibitions on "Easing the Effort" at Glossop, New Mills, Chapel-en-le-Frith and Buxton Clinics. They visited each clinic five times with a different set of appliances and gave talks to mothers on how to cut down housework. This was accompanied by a short Home Safety talk. The sound films : "The Good Housewife in her Kitchen" and "Easing the Effort" were shewn.

Clean Food.—Small exhibitions were held at campaigns at Eckington and Hackenthorpe Clinics in June, supported by the sound films : "Everybodies Business" and "Another Case of Food Poisoning".

Home Safety Committees.—There are six Home Safety Committees at Heanor, Glossop, Buxton, and Swadlincote as well as the Rural Districts of Blackwell and Chesterfield.

Towards the end of the year a county wide "newspaper quizz" was organized by the Home Safety Committees which brought in many smaller Authorities not having Home Safety Committees of their own.

There is a lot of hard work done at these committees and the education is continuous. Each Committee tends to develop in its own way, according to local needs. The local Health Visitors are members of their local committees and give support by talks, shewing films and film strips, when requested by the committee. The County Council visual aids are available, including sound film projectors, film strip projectors, loan of films and film strips.

Buxton Home Safety Committee put on a big display in the Winter Gardens in Buxton, opened by the Mayor; the clinic took part in this with its own exhibition. There was a children's painting competition and a campaign in the local schools at which the Borough Medical Officer of Health, Dr. Steede, and Miss Hough the Health Visitor, gave talks every day. The sound film : "Fabrics and Fire Guards" was shewn.

The Christmas Safety Exhibition was shewn in Derby Clinic window. The Health Visitors had been supplied with flame free material for demonstrating. Talks were given throughout the year at Old People's Clubs, Women's Institutes, and other voluntary organisations by the Senior School Medical Officer and Deputy Superintendent Health Visitor.

The Water Safety Campaign.—Posters and leaflets were displayed by the Home Safety Committee on public hoardings and by us in the County Council Clinics. To the schools 2,300 copies of the Water Safety code were distributed.

The Poliomyelitis Vaccination campaign continued throughout the year, using the Ministry's posters and film strips on immunisation and vaccination.

At the request of Head teachers some Health Visitors have paid regular visits to schools to give short talks and show films on a variety of subjects, including the ear, eye, teeth, and First-aid, and would welcome further requests.

The Health Visitors, in addition to giving talks at the schools and Child Welfare Centres, have also given several talks and shewn films on the domiciliary work of the Health Visitor to the Ante-Natal Mothers at the Queen Mary and Nightingale Homes and the City Hospital.

In-Service Training.—In-Service Training and films were shewn to Health Visitors, Midwives, School Nurses, Home Nurses and Home Helps.

Mrs. Williams of the Rural Domestic Economy Service put on exhibitions in the Infant Welfare Centres on nutrition and the preparation of meals; Miss McGowan gave talks and distributed leaflets to

the mothers; and a demonstration on making a layette, smocking children's dresses and making "mother-to-be outfits" was organised at several clinics by Mrs. Cox.

A general practitioner in Glossop requested posters and we have sent him a selection monthly which he displays in his surgery. We hope this will develop throughout the county. Posters for display are sent every month to the Remploy Factory at Alfreton and to the Granwood Flooring Company at Riddings, at the request of Dr. Heffron, the Medical Officer.

We wish to thank Miss Winstanley and her staff of the School Museum Service for their advice and help, for the loan of materials as well as for lending films and film equipment. We are also grateful to a number of bodies and private firms who have very kindly given time and materials.

Talks etc. were given by :—Senior Medical Officer for School Health; Principal Dental Officer; School Medical Officers; Dental Officers; Deputy Superintendent Health Visitor; Health Visitors; and School Nurses; as well as the staff of the Rural Domestic Economy Service and the North Western Electricity Board.

Each main clinic is provided with a filmstrip projector; 544 requests were received for filmstrips; 255 filmstrips are available for loan. Eleven clinics have a selection of filmstrips which they keep for permanent use.

Four sound projectors have been provided for use of Health Visitors and Home Safety Committees. Fifteen sound films are owned by the County. One film has been obtained on a five year lease, seven films were obtained on loan for periods of six to twelve months, then on loan for the occasion.

Posters and leaflets on a particular subject were sent to ninety Infant Welfare Centres and main clinics each month.

A window at the Derby Clinic was permanently "dressed," the topics displayed being, of course, changed from time to time.

Displays on Mental Health and Dental Health were organised by the County Health Education Service at Swadlincote Free Library; Wirksworth Town Hall; Women·s Institute, County Show; and the Women·s Institute Council Meeting, Buxton.

"Falls Exhibition," on loan from the Royal Society for the Prevention of Accidents, was exhibited at Derby Clinic.

The "Clean Air display," on loan from the Central Council for Health Education, was exhibited at Ripley Clinic.

The Ministry of Health "Good Hygiene" exhibition was held at Belper and Heanor.

The following displays are available from the County Health Education Service :—Mental Health; Care of the Feet; Home Safety for Children; Falls; Home Safety; Christmas Safety; Smoking and Lung Cancer; Food Hygiene; Dental Health.

The following flannelgraphs are available from the County Health Education Service :—Nutrition; The Birth of a Baby; Chains of Infection; Dental Health; Fighting germs by degrees; Fitting the Feet; Personal Hygiene; The Vicious Circle; Smoking and Lung Cancer; and Home Safety.

Health Education Talks and Film Shows during 1960

	AUDIENCES			SUBJECT			
	Child Welfare Centres	*Ante-natal and Relaxation Sessions*	*Voluntary or Schools*	*Child Welfare and Miscellaneous*	*Ante-natal*	*Home Safety*	*Films*
Glossop	5	55	3	12	57	3	2
Ilkeston	99	145	7	100	136	33	12
Bolsover	3	—	6	8	2	—	2
Long Eaton	5	70	37	37	73	2	12
Swadlincote	42	73	9	34	72	13	15
Alfreton	16	79	—	9	79	4	12
Hackenthorpe	10	52	20	11	52	1	15
Melbourne	10	—	—	6	—	1	5
Renishaw	3	—	—	1	—	—	5
Ripley	2	44	—	5	40	—	—
Breadsall	3	—	3	6	—	—	—
Shirebrook	1	53	3	4	53	—	—
Buxton	1	22	10	5	21	6	5
Eckington	9	30	2	13	30	3	10
Chaddesden	4	5	3	6	5	1	3
Chapel-en-le-Frith	14	—	—	14	—	—	—
Over Haddon	—	—	1	1	—	—	—
Dronfield	8	54	—	5	54	1	3
Kirk Hallam	5	—	—	3	—	2	—
Killamarsh	—	1	5	8	1	—	—
Ambergate	—	—	4	—	—	8	—
Clay Cross	19	56	—	12	61	—	1
Matlock	2	23	—	1	23	1	—
Littleover	2	—	1	3	—	—	—
Brimington	3	—	—	3	—	—	—
Frecheville	6	—	—	5	—	—	7
Ashbourne	2	—	—	1	—	1	—
Repton	3	—	—	1	—	—	4
Ashover	6	—	—	6	—	—	—
Chinley	5	—	—	5	—	—	—
Woodville	—	—	1	—	—	1	—
Riddings	6	—	—	6	—	—	—
Whaley Bridge	3	—	—	3	—	—	—
West Hallam	4	—	—	3	—	1	—
Derby	—	51	—	—	51	—	—
New Mills	2	—	—	—	—	—	4
Mickley	1	—	—	1	—	—	—
Clowne	14	41	—	9	41	—	10
Heanor	8	26	—	4	28	2	—
Staveley	2	—	—	2	—	—	—
Pilsley	2	—	—	2	—	—	—
Stonebroom	3	—	—	3	—	—	—
Sinfin	1	—	—	1	—	—	—
Belper	3	—	—	3	—	—	—
Bradwell	—	—	5	5	—	—	—
New Bolsover	2	—	—	2	—	—	—
Blackwell C. School	—	—	9	8	—	—	1
Sandiacre S. School	—	—	1	1	—	—	—
Glebe J. School South Normanton	—	—	2	—	—	—	2
Bakewell J. School	—	—	1	1	—	—	—
Spondon G.School	—	—	1	1	—	—	—
Castleton W. I.	—	—	5	5	—	—	—
Nightingale Mat. Home	1	—	—	1	—	—	—
Morton, W. I.	—	—	1	—	—	1	—
Totals	374	884	140	386	879	85	130

Organizations from whom Health Education Material has been purchased.

Central Council for Health Education; The Royal Society for the Prevention of Accidents; The National Baby Welfare Council; The British Medical Association; The Chest and Heart Association; Visigraph Ltd.; Hurst and Wallis Ltd.; General Dental Council; National Association for Mental Health; G.B. Film Library; Unicorn Head Visual Aids Ltd.; Educational Foundation for Visual Aids; Slough Home Safety Association; Enfield Box Co. Ltd.; Central Film Library; Fire Protection Association; Vitamins Ltd.; Unilever Film Library; Camera Talks Ltd.; The British Boot Shoe and Allied Trades Research Association; David Butler; Econasign Ltd.; National Film Board of Canada; National Association of Non-Smokers; Moults Ltd.; Matthew Dow and Shelbourne Ltd.; Maurice Broomfield Ltd.; National Film Institute of Ireland; Town and Country Productions Ltd.; and Baxendale & Co. Ltd.

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements.

Further expansion of the service has been maintained during the year. More Home Helps have been appointed and it has been possible to provide help for more people and for longer periods.

The progress of the scheme during recent years can be seen from the following figures :—

	1956	1957	1958	1959	1960
Home Helps employed	118	151	204	260	310
Cases served	1,122	1,279	1,426	1,698	1,973
Home Help Organisers employed	2	2	4	6	6

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service in this county during recent years, as shown by the following figures :—

Year	*No. of Old Persons assisted*
1952	192
1953	297
1954	460
1955	580
1956	672
1957	796
1958	911
1959	1,329
1960	1,504

Availability of Service.

Particulars of the service are obtainable from the local Health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 27 of the County Council's Health Services Handbook), local County Council Clinic or Centre (these are listed under "Districts Separately" in the Handbook commencing on page 105), or from the County Medical Officer of Health, County Offices, Matlock (Telephone number Matlock 3411). Area Organisers can be contacted direct in any case of emergency at the following places:—

(1) *South of the County*—Miss Bracegirdle—Derby Clinic
Tel. Derby 45934—9 a.m.-10 a.m. daily.

(2) *North of the County*—Miss Priestley—County Offices
Tel. Matlock 3411—9 a.m.-10 a.m. daily.

(3) *Centre of the County*—Mrs. Richards—Ripley Clinic
Tel. Ripley 872—9 a.m.-10 a.m. daily.

(4) *North East of the County*—
Miss Haythornthwaite—Eckington Clinic
Tel. Eckington 2591—9 a.m.-10 a.m. daily.

The service is available in various cases, of which the following are examples :—

(*a*) Maternity.

(*b*) Where a housewife falls sick or must have an operation.

(*c*) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.

(*d*) Where elderly people are infirm, or one of whom suddenly falls ill.

(*e*) Where several members of a household are ill at the same time.

(*f*) Where a doctor requests that a Home Help is necessary to help with a premature infant.

(*g*) Tuberculosis.

The last named presents particular difficulties in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem :—

(1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

(2) Home Helps for this work could be drawn from three groups :
(*a*) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.

(*b*) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.

(*c*) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e. that they are over forty years of age and do not have young children of their own.

(3) The precautions against infection will vary according to the type of persons employed. Home Helps with arrested tuberculosis (Group 2 (*a*) above) would, of course be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (*b*) above) would also be under the close examination and supervision of the Chest Physician.

Ordinary Home Helps (group 2 (*c*)) should be radiographed on appointment and subsequently at six monthly intervals.

It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.

(4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.

(5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.

(6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Conditions for Home Helps.

The present hourly rate for Home Helps is 3/3d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay is also paid.

From 2nd January, 1961 the rate of pay will be increased to 3/4$\frac{7}{8}$d. per hour with a reduction of full time hours from 44 to 42 per week.

Home Helps are supplied with maroon nylon overalls.

An additional three days holiday each year is allowed to Home Helps after ten years service and some qualified for this benefit during the current holiday year.

National Institute of Houseworkers Ltd.

The County Health Committee agreed in January this year to be associated with the training scheme of the Institute and also that Home Helps employed by the County Council who wished to take advantage of the training scheme be sponsored by the Committee. During the year twenty-seven Home Helps took the tests at Glossop, Hackenthorpe, Ripley, Derby and Long Eaton, twelve passing with credit (65%—79% marks) ten with Grade 1 pass (55%—64% marks) and five with Grade 11 pass (45%—54% marks).

The Home Helps who took the test, together with the old people who co-operated in allowing the use of their homes enjoyed the experience very much and it is anticipated that further tests will be arranged in other parts of the County. It is also hoped that an official presentation of the diplomas and badges can be arranged early next year.

Employment of Relatives.

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Area Home Help Organiser should recommend the number of hours to be worked, which in any case should not exceed forty-two per week.

Rules of Assessment.

Recovery of the cost (or part of the cost) of providing Home Helps, is made in accordance with a suitable scale of assessment. A revision of the scale took place last year and a fixed minimum charge of 5s. 0d. per week for the service was introduced in September. Many people in receipt of National Assistance are able to recover this amount from the National Assistance Board.

MENTAL HEALTH SERVICE

I asked Dr. Margaret Fynne, the Senior Medical Officer for Mental Health, to let me have a report, suitable for inclusion in my Annual Report, on the work of the Mental Health Section of the County Health Department, which she has submitted as follows :—

"This year has been one of still further advance and development in the field of Mental Health. The Mental Health Act of 1959 has been a challenge to Local Authorities and this Authority, which is most progressive in its outlook, accepted this challenge with, to say the least of it, enthusiasm, and, as a result, the meetings of the Mental Health Sub-Committee were stimulating and full of new ideas and plans for the future. The Committees were well attended by the Medical Superintendents of the various Psychiatric Hospitals who took full advantage of the occasions to air their requirements for the future.

Personnel. To the establishment, from 1st April, 1960, was added :—two Craft Instructors (qualified Occupational Therapists); two Trainee Students for Training Centres at Ashbrook and Stanton Vale; one Assistant Supervisor for Spondon Training Centre; one Assistant Supervisor for Stanton Vale Training Centre.

Procedure for Admission to Hospital.

Here indeed there has been a great change. Most patients enter hospital as informal patients—having first attended at the out-patient psychiatric clinics—others go as informal sent by the General Medical Practitioner.

TRAINING CENTRE, LOWER STANTON ROAD, ILKESTON.

Fewer Orders are necessary—Section 29 being the more usual. As regards the hospitals for the subnormal and severely subnormal—all admissions to these have been informal, except those sent in under Order by the Law Courts or on a Probation Order as a condition of residence. The length of stay in hospital for the mentally ill has been greatly reduced and the Mental Welfare Officers carry out pre-care and after-care visits.

All the other services are available if required—Home Nurse, Home Help, Occupational Therapy, and Physiotherapy.

Training Centres.

Two more Trainee Students (Grammar School girls) were appointed, thus making a total of six. This scheme so far has been most successful. The students are carefully selected and have become very useful members in the Centre teams. They attend the College of Art for Day release classes in various subjects, and some have already obtained additional credits in the G.C.E. examination.

One Assistant Supervisor was sent to the Diploma Course held by the National Association for Mental Health and is attending the London Course.

Routine Medical and Dental inspections are carried out in all Training Centres.

Seaside Holidays.

This year the County Council rented a holiday Camp in Rhyl for two weeks and a party of children from Training Centres and Craft Instruction classes in the South of the County went for the first week, followed by children from the Training Centres and Craft Instruction classes in the North of the County for the second week.

These parties were in charge of a Mental Welfare Officer and were accompanied by all the Training Centre Staff, as well as some Mental Welfare Officers, Craft Instructors, Central Office staff (one male) and by two male and two female nurses, kindly lent to us by the courtesy of the Hospital Management Committee of the Pastures Hospital.

The weather was good and both children and adults had a most enjoyable time and a greater esprit de corps was established amongst all the Mental Health staff and also with the Psychiatric nurses from the Hospital.

New Training Centres.

A new purpose-built junior and a purpose-built Adult Training Centre [illegible] in the course of erection at Chinley in the north-west of the [illegible] hoped that one, if not both, of these will be ready for [illegible] September, 1961. It is also hoped to erect a hostel for [illegible] twenty-two subnormal adolescent girls on a site in the [illegible] ing the completion of the Centre.

[illegible] being investigated for both Adult and Junior Training [illegible] mid-Derbyshire and south Derbyshire, and an Adult

Training Centre in south east Derbyshire. An Adult Training Centre is also planned for the north-east of the County, to be situated in Chesterfield.

A small male nucleus of our proposed Adult Training Centre in Chesterfield has already been established in Red House Cottage, which is comprised of the boys of sixteen years plus from Ashbrook and some subnormal unemployable from E.S.N. Schools. From here, some have been tried out and succeeded; others have failed in employment and returned to Red House Cottage. Here also a few adolescent male "after-cares" attend. They do gardening, woodwork, mop making and other crafts here. The Training Centres now have open days for the public to attend.

Hostels for the rehabilitation of the mentally ill:

The County Council have purchased a house known as "Red House" with large grounds in Stonegravels in Chesterfield. Plans have been drawn up for the house to be modified and for a block to be added, Ministerial sanction having been given. This will serve as a hostel for the rehabilitation of the psychotic. It will have accommodation for twenty patients, all with their own bedrooms and so designed to house ten males and ten females. Accommodation will also be provided for two staff. It is hoped to start building in 1961. Consultation took place between the Regional Hospital Board and representatives of the Hospital Management Committee and the Medical Superintendents before this project came into being.

More hostels for the subnormal are also in our building plans for the future, to be situated near the Training Centres.

Introduction of Group Classes and Domiciliary Occupational Therapy.

Craft Instruction Classes are held throughout the County at various Centres and Clinics and are well attended and appreciated. Home teaching is also carried out in isolated districts and occupational therapy is provided for the pre-care and after-care cases. We also have two occupational classes for the pre-care and after-care cases. Exhibitions and Sales of Work are held in Training Centres and other Centres throughout the County. They serve a dual purpose (*a*) to dispose of finished articles and (*b*) to stimulate interest in the work of the Mental Health field and thus promote a more sympathetic attitude and understanding towards people less fortunate than ourselves. As a result, the old prejudice towards these types of patients is now breaking down.

Social Clubs.

We now have three psychiatric social clubs in the County, and it is hoped—in the near future—to open a social club for (*a*) rehabilitation of the mentally ill and (*b*) for the mentally subnormal at Alfreton.

As regards the Psychiatric social club—my own feeling is that they do not serve a useful purpose. We still have the patients attending who joined when the clubs first opened, and they appear to think that

by attending they are "something special" and no persuasion on my part has so far got them to join an ordinary social club. I have formed the conclusion that attendance at the club by a doctor is a mistake, as they expect medical advice on their problems instead of attending the Out-patients' clinic.

We have liaison with the Regional Hospital Boards and Hospital Management Committees and have met the Local Medical Committee, and explained our plans for the future and the workings of our Mental Health Service. Case Conferences are also held.

Student nurses from the psychiatric hospital now do a week's field work with our Mental Welfare Officers—this helps to strengthen the relationship between the psychiatric hospital and the Local Authority.

The Mental Welfare Officer also has to keep in touch with the General Practitioners and it is the duty of each new Mental Welfare Officer to visit the General Practitioners in his area in order that he may get to know them.

Conclusion.

The new Mental Health Act of 1959 has justified all the hard work and profound thought which has gone into it. It is both an inspiration and a challenge to Doctors, Regional Hospital Boards and Local Authorities. To give a real comprehensive service which is envisaged in the Act requires careful planning and a wise expenditure of money. It will take years to fully implement as the expenditure will be immense and until this "Utopia" has arrived we must try to improve our services, adding to them as soon as is practicable, and working in close co-operation and harmony with all services of the Local Authority and with the Regional Hospital Boards. With our new advances and research in drug therapy, and with a new outlook in Mental Health and a fresh approach to our problems, there is indeed increasing hope and promise for the Mental Health of the nation in the future, and the bug bear of the old fashioned Mental Hospital will, I hope, have disappeared into the limbo of the past."

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Welfare Officers have continued to visit the mentally handicapped and reports on home circumstances are submitted to Hospitals in respect of patients on leave from Hospitals.

Most of the visiting of the mentally ill and the subnormal and severely subnormal patients is now carried out on an informal basis. Efforts are now made to find work for some of the patients who have been discharged from Hospital to the community. Others, of course, are attending craft instruction classes and will attend the Adult Training Centres when they are established.

Under the National Health Service Act, the responsibility for mentally sub-normal and severely subnormal patients on leave from Hospitals rests with the various Hospital Management Committees, but since many of the Hospitals do not employ their own Social Workers, arrangements are made with the Medical Superintendents to have the work done by Officers of the Local Health Authority.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those Hospitals.

Voluntary Associations.

The National Association for Mental Health.

This Association is of assistance in arranging courses of instruction which are attended by Medical Officers of the Council with a view to their being approved under the Medical Examinations (Subnormal Children) Regulations, 1959.

It also arranges for courses in connection with the obtaining of the Diploma of the Association, whereby suitable candidates who are interested in the work of Training Centres are selected to attend these courses which are held under its auspices. In addition, the Association arranges annual residential refresher courses for personnel who work in the Training Centres. Occasionally, it arranges conferences relating to matters dealing with Mental Health.

The County Council make an annual subscription of £30 to the Association.

Work undertaken in the Community.

(*a*) *Under Section 28 of the National Health Service Act*, 1946.

The work of the Mental Welfare Officers is chiefly concerned with the care and after-care of the mentally handicapped. The Officers visit the patients in their homes bi-monthly or quarterly, but more frequent visits are made if required. Much helpful advice is given in regard to the completion of forms for the National Assistance Board, the National Insurance officers and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Mental Health Officers on their visits.

(*b*) *Under the Lunacy and Mental Treatment Acts*, 1890-1930, *and the Mental Health Act*, 1959.

During the year 1960, as shown in the following table, 1,349 patients were admitted to Mental Hospitals and in respect of 388 of these, Orders were obtained by the Mental Welfare Officers. Also, advice and information were given to patients and relatives in the case of a number of patients admitted voluntarily under the Mental Treatment Act, or informally under the Mental Health Act. It is noteworthy that just over 71% of the cases were admitted either voluntarily under the Mental Treatment Act, 1930 or informally under the Mental

Health Act, 1959, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment may bring about recovery.

During the period 1st January, 1960, to 31st December, 1960, the following numbers of patients were admitted to hospitals for the mentally ill :—

Hospital	*Males*	*Females*	*Total*
Pastures Hospital, Mickleover	464	525	989
Kingsway Hospital, Derby	96	152	248
Parkside Hospital, Macclesfield	31	29	60
Scarsdale Hospital, Chesterfield	4	5	9
St. Matthew's Hospital, Burntwood	1	2	3
St. Thomas' Hospital, Stockport	16	8	24
Mapperley Hospital, Nottingham	1	2	3
Middlewood Hospital, Sheffield	–	1	1
Cheadle Royal Hospital, Cheadle	1	2	3
Saxondale Hospital, Radcliffe-on-Trent	–	5	5
Ashton Lake Hospital, Ashton-under-Lyne ..	–	1	1
Claybury Hospital, Woodford Green, Middlesex	–	1	1
Prestwick Hospital, Prestwick	1	–	1
Andressey Hospital, Burton-on-Trent	1	–	1
	616	733	1,349

These patients were admitted in the circumstances set out below:—

Lunancy Act, 1890.	*Males*	*Females*	*Total*
Urgency Order (Section 11)	–	1	1
Summary Reception Orders (Section 16) ..	10	16	26
Duly Authorised Officers 3-day Orders (Section 20)	61	63	124
Justices 14-day Orders (Section 21)	84	99	183
Mental Treatment Act, 1930.			
Voluntary Patients	12	17	29
Criminal Justice Act, 1948.			
(Section 4)	–	1	1
Mental Health Act, 1959.			
Informal Admission (Section 5)	425	507	932
Admission for Observation (Section 25)	8	4	12
Admission for Treatment (Section 26)	2	4	6
Emergency Admissions for Observation (Section 29)	14	21	35
	616	733	1,349

(c) *Under the Mental Deficiency Acts*, 1913-1938, *and Mental Health Act*, 1959. *Guardianship.*

The cases under Guardianship Orders were visited occasionally by a Medical Officer with special experience concerning those who are mentally handicapped as well as regularly by Mental Welfare Officers.

There were no admissions to Guardianship of the Local Health Authority or other Guardians after the Mental Health Act, 1959, came into operation (i.e. 1st November, 1960—31st December, 1960) but

there were three patients already under Guardianship and who were still under Guardianship at the 31st December, 1960, as follows :—

Subnormal : one male and one female over sixteen years of age.

Severely subnormal: one female over sixteen years of age.

Admissions to Hospitals for the mentally sub-normal.

The following Table shows the number of patients admitted during the year 1960 :—

	Under age 16		*Over age 16*		*Total*		*Total Cases*
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	
Informal admissions	7	4	9	5	16	9	25
Admission under Order ..	1	1	3	2	4	3	7

Cases urgently awaiting admission to Hospitals for the Mentally Sub-normal, at 31st December, 1960.

Area	*Under 16*		*Over 16*		*Total*		
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*T.*
Manchester Regional Hospital Board area (Population 68,710)	4	2	–	–	4	2	6
Sheffield Regional Hospital Board Area (Population 672,600)	20	16	7	6	27	22	49
Whole County	24	18	7	6	31	24	55

The urgent waiting list has been as follows during the last few years :—

1956	1957	1958	1959	1960
112	98	102	104	55

In addition to these cases on the urgent waiting list there are a number of mentally sub-normal patients awaiting admission to Hospitals when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay.

In order to afford some measure of relief to harassed parents of mentally sub-normal children who are awaiting admission to Hospitals, four beds have been reserved by the Sheffield Regional Hospital Board for short-term stay and during the year 122 cases were admitted for periods of three to eight weeks. This has been greatly appreciated by the parents, who have been able to take a holiday or have a rest from the continual care of the child.

The following is a copy of a return which has been made to the Ministry of Health concerning cases dealt with under the Mental Deficiency Acts, 1913-1938.

MENTAL DEFICIENCY ACTS, 1913-1938

Cases dealt with during the period 1st January, 1960—31st October, 1960.

	Under age 16		*Age 16 and over*	
	M.	*F.*	*M.*	
1. *Particulars of cases reported during the period* 1.1.60 *to* 31.10.60				
(a) Cases ascertained to be defectives "subject to be dealt with," action taken on reports by :—				
(i) Local Education Authorities on children				
(1) While at school or liable to attend school	29	12	—	—
(2) On leaving special schools ..	—	—	—	—
(3) On leaving ordinary schools ..	1	1	1	—
(ii) Police or by Courts	—	—	3	—
(iii) Other Sources	3	1	10	8
(b) Cases reported who were found to be defectives but not regarded as "subject to be dealt with" on any ground	19	15	32	39
(c) Cases reported but not regarded as defectives and thus excluded from (a) or (b) ..	1	1	10	1
(d) Cases reported in which action was incomplete at 31st October, 1960 and are thus excluded from (a) or (b)	4	2	2	1
Total number of cases reported during the year period 1.1.60 to 31.10.60	57	32	58	49

	Under age 16		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*
2. *Disposal of cases reported during the period* 1.1.60 *to* 31.10.60				
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—				
(i)Placed under Statutory Supervision	30	13	6	5
(ii)Placed under Guardianship	—	—	—	—
(iii) Taken to "Places of Safety" ..	—	—	—	—
(iv) Admitted to Hospitals	3	1	8	3
(b) Of the cases not ascertained to be defectives "subject to be dealt with"number:				
(i) Placed under Voluntary Supervision	18	14	32	37
(ii) Action unnecessary	—	—	—	2
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	1	1	—	—
Total of item 2	52	29	46	47

RETURN MADE TO THE MINISTRY OF HEALTH—MENTAL HEALTH ACT, 1959

	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals			
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
r of Patients L.H.A. care at .60 :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
ceiving training occupation in centre ..	–	–	8	3	–	–	–	–	5	6	23	41	91	73	66	70	96	79	97	114
aiting training occupation in centre ..	–	–	29	22	–	–	–	–	4	6	92	156	14	13	149	189	18	19	270	367
ceiving training occupation in idential centre	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
aiting training occupation in idential centre	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ceiving home ning	–	–	12	16	–	–	–	–	–	–	6	21	3	1	30	44	3	1	48	81
aiting home ning	–	–	2	1	–	–	–	–	1	–	–	2	–	–	–	–	1	–	2	3
ident in L.A. ne/hostel ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
aiting residence .A. home/hostel	–	–	–	–	–	–	–	–	–	1	6	12	8	9	19	30	8	10	25	42
ident at L.A. ense in private dential home ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ident at L.A. ense by board- g out in private ne	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ceiving home ts and not in- ded under (*a*) *f*)	1	–	251	363	1	–	13	7	6	8	289	256	85	53	106	61	93	61	659	687
ers (including yet visited) ..	–	–	6	5	–	–	–	–	2	4	4	2	8	–	–	–	10	4	10	7
mber of Patients olved at (*a*) to (*h*)	1	–	308	410	1	–	13	7	16	22	396	425	199	133	284	274	217	155	1001	1116
mber of Patients L.H.A. area on ting list for ad- sion to hospital 31.12.60 ..																				
urgent need of pital care ..	4	6	–	10	–	–	–	–	–	–	1	–	24	18	6	6	28	24	7	16
t in urgent need ospital care ..	4	4	–	–	–	–	–	–	4	–	7	3	16	9	6	14	24	13	13	17
mber of Patients nitted tempor- y for residential e during 1960 N.H.S. hospitals	1		17	10	1						2	9	37	32	16	26	39	32	35	45
ewhere	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

APENDIX I.

"COUNTY OF DERBY
BOROUGH OF CHESTERFIELD
SCHEME OF DELEGATION OF HEALTH AND WELFARE FUNCTIONS
UNDER SECTION 46 OF THE LOCAL GOVERNMENT ACT, 1958

Citation and Interpretation.

1. This Scheme may be cited as "The Chesterfield Health and Welfare Services Delegation Scheme, 1960".

2. (1) In this Scheme, unless the context otherwise requires :—

"the Minister" means the Minister of Health;

"County Council" means the County Council of Derbyshire;

"Council" means the Council of the Borough of Chesterfield;

"Borough" means the Borough of Chesterfield;

"delegated functions" means functions delegated under this scheme and includes powers and duties;

"officers" includes servants;

"voluntary organisation" means an organisation not carried on for profit and not being a public authority, which provides services of the kind dealt with in this Scheme.

(2) The Interpretation Act, 1889, applies to the interpretation of this Scheme as it applies to the interpretation of an Act of Parliament.

Functions of Council.

3. The Council is hereby authorised to exercise, on behalf of the County Council for and in respect of the Borough and subject to and in accordance with the provisions of this Scheme, the functions specified in the First and Second Schedules to this Scheme.

General Conditions attaching to exercise of functions.

4. In the exercise of the delegated functions, the Council shall in all respects comply with the provisions of any relevant Act, of any regulations or directions made or given by the Minister thereunder, and of the proposals and schemes of the County Council approved by the Minister under Section 20 of the National Health Service Act, 1946, and Section 34 of the National Assistance Act, 1948, respectively.

5. The Council shall make available to the County Council all such information, including records and statistical information relating to the delegated functions as the County Council may at any time reasonably require, and shall maintain such records as are necessary for this purpose.

6. The Council shall observe any regulations of the County Council (including any requirements relating to scales and standards designed to secure reasonable uniformity) which apply to the services comprised in the delegated functions. The County Council, before making any such regulations, shall consult the Council and give them an opportunity of considering and commenting on the draft. Where the Council wish for a variation of the regulations in relation to the delegated functions and the County Council are unwilling to agree, the Council may refer the matter for determination by the Minister.

7. The Council shall adhere to any arrangement with a voluntary organisation or hospital authority for the performance by that organisation or authority, or by officers employed by or on behalf of that organisation or authority, of any of the delegated functions, which may, at the date when this scheme comes into operation, have been made by the County Council, and shall not make any such arragement except on behalf of and with the consent of and on conditions approved by the County Council either generally or in a particular case.

8. The Council shall adhere to any arrangement with another local authority for the provision of services covered by the delegated functions, which may at the date when this scheme comes into operation have been made by the County Council, and shall not make any such arrangement except on behalf of and with the consent of and on conditions approved by the County Council.

9. The Council shall furnish the County Council with such number of copies as may reasonably be required of all minutes of meetings of the Council or committees or sub-committees thereof, in so far as these relate to the delegated functions.

10. In connection with any of the delegated functions the Council shall be empowered to receive and consider communications from the Minister without reference to the County Council, but the Council shall keep the County Council informed of matters on which they are in communication with the Minister.

11. The Council shall refer to the County Council, forthwith upon the occurrence thereof, any dispute in which they are involved and to which Section 47 of the National Health Service Act, 1946, applies.

Premises.

12. Arrangements may be made from time to time by agreement between the Council and the County Council for the use, sharing, and/or management in connection with the delegated functions, on such terms and conditions as may be agreed of premises belonging to (a) the Council or (b) the County Council.

Officers

Officers of the Council.

13. Where the services of officers of the Council are used for part of their time in connection with the delegated functions, provisions shall be made by agreement between the Council and the County Council :—

(*a*) for the repayment to the Council of an appropriate proportion of the expenditure incurred by the Council in respect of the remuneration and travelling expenses and allowances of, and the superannuation and National Health and National Insurance contributions in relation to, officers whose services are used as aforesaid;

(b) for the payment to the Council of an appropriate contribution towards other expenditure incurred by the Council in respect of such officers.

Officers of the County Council.

14. All officers employed solely in connection with the delegated functions shall be employed in the service of the County Council.

15. (a) The appointment to the service of the County Council of every administrative, medical, nursing or other professional or technical officer to be employed solely in connection with the delegated functions and the promotion of such officers shall, subject to the provisions of Articles 18, be made by the Council.

(b) All such appointments within an establishment agreed between the Council and the County Council may be made by the Council without any approval or consultation with the County Council in the case of such officers appointed to positions on salary grades, the maximum of which

does not exceed the maximum of Grade V in the administrative, professional and technical divisions of the National Scheme of Conditions of Service, namely, £1,375, or such maximum as may from time to time be agreed.

(c) Appointments on salary scales in excess of that referred to in the preceding sub-article shall be made by the Council with the approval of the County Council who may be represented by not more than two representatives when the candidates for such appointments are interviewed for the purpose of observing the proceedings but not to vote.

(d) The Council may suspend, dismiss or terminate the contract of service of any such officer employed in connection with the delegated functions except that the approval of the County Council shall be required in the case of any officer holding an appointment within sub-article (c).

16. (1) The consent of the County Council shall not be required to any appointment to, or promotion of an officer in, the service of the County Council for the purposes of this Scheme, so far as such appointment or promotion does not cause the approved estimates of expenditure to be exceeded, or to any suspension, dismissal or termination of the contract of service of such an officer (except in so far as such consent is required under the provisions of Article 15).

(2) No person shall be appointed or transferred to any office or employment under any of the powers conferred by this Scheme whereby such person becomes entitled to contribute to the supperannuation fund established by the County Council, until he has passed such medical examination as the County Council may require.

(3) The remuneration and conditions of service of every officer (including conditions relating to appeals) employed in the service of the County Council under the provision of this Scheme shall be according to the scales of remuneration and conditions of service for the time being approved by the County Council.

17. In any case where, to secure the quota of disabled persons which the County Council are required to employ in any particular category in accordance with the Disabled Persons (Employment) Acts, 1944 and 1958, it is necessary than an appointment shall be made of a registered disabled person, the County Council may after consultation with the Council, require the Council to appoint a registered disabled person when making an appointment to the service of the County Council.

18. The Council may in case of absence through illness or other cause of any officer whose appointment is subject to the County Council's approval, or to meet any emergency, appoint another officer or other officers temporarily to carry out his duties provided that the period of any such appointment shall not exceed three months unless the County Council otherwise agree either generally or in any particular case.

19. Where the services of officers of the County Council are used for part of their time in connection with the delegated functions the necessary provisions shall be made by agreement between the County Council and the Council.

Finance.

20. (1) The Council shall keep separate accounts for financial transactions arising from this Scheme, and these accounts shall be in such form as will meet the reasonable requirements of the County Council and will enable them to furnish information required by the Minister and/or the Minister of Housing and Local Government.

(2) Such accounts, together will all supporting books, vouchers, records returns and other documents, shall be open to inspection by the Treasurer, of the County Council or his authorised representative.

21. (1) The Council shall prepare and submit to the County Council, in such form as will meet the reasonable requirements of the County Council, and at such times as may be convenient to facilitate the preparation of the

estimates of the County Council, estimates of income and expenditure on revenue account, and of receipts and payments on capital account to be received and intended to be incurred or made by the Council in connection with this Scheme on behalf of the County Council for the next following financial year, together with revised annual estimates for the then current financial year.

(2) The Council shall also submit to the County Council from time to time :—

(a) supplementary estimates of expenditure, whether on revenue account or on capital account, which the Council propose to incur and which would cause the total expenditure under any main head of the annual estimates approved by the County Council to exceed the provision thereunder by more than £100;

(b) such other forecasts and estimates as the County Council may reasonably require.

(3) The County Council may disapprove, or approve with or without modification, such estimates or supplementary estimates, and in respect of any such disapproval or modification the County Council shall inform the Council of the reason therefor and consider any representations or further information submitted to them by the Council.

(4) The Council may incur expenditure on behalf of the County Council up to the amount so approved under each of the main heads of account.

22. The Council shall make all payments of expenditure in connection with this Scheme within the approved estimates save that they shall not, unless so authorised by the County Council pay insurance premiums or make payments on capital account in respect of works other than those which they are themselves carrying out on behalf of the County Council.

23. Such monthly advances or other advances as may be agreed between the County Treasurer and the Borough Treasurer shall be made to the Council by the County Council as will ensure that the Council have sufficient funds to pay the items of expenditure as aforsesaid.

24. (1) The Council shall from time to time submit to the County Council for approval statements of income and expenditure or of receipts and payments on revenue account and of receipts and payments on capital account, including in particular :—

(a) if requested by the County Council, a statement of receipts and payments in any such form as may be required by the County Council for incorporation in the statements submitted by the County Treasurer to County Council Committees.

(b) a final statement, in any such form as may be required by the County Council, for the financial year as soon as may be after the end of the financial year.

(2) Any balance shown by the said final statement as approved by the County Council to be payable to the Council shall be paid by the County Council as soon as may be reasonably practicable after the receipt of the statement by the County Council.

(3) Any balance shown by the said final statement as so approved to have been over-paid by the County Council to the Council may be deducted from any advances to be made by the County Council under Article 23.

25. The accounts referred to in Article 20 shall be audited as part of and shall be incorporated in the accounts of the County Council.

General.

26. (1) The County Council shall indemnify the Council and their officers from and against any liabilities arising from any claim or action made or brought against them in connection with the exercise of the delegated functions in accordance with the provisions of this Scheme, subject to compliance by the Council with the following provisions of this Article.

(2) The Council shall as soon as possible inform the County Council of any such claim or action as aforesaid and of any circumstances likely to give rise to such a claim or action, and, unless otherwise agreed with the Council, the County Council shall deal with the claim or arrange to defend the action as the case may be.

(3) The Council shall supply the County Council with all available information which may be needed to enable the County Council :—

(a) to insure against all or any of the risks to which they may be subject under the provisions of this Article or otherwise, in connection with the use by the Council for the purposes of the delegated functions of any property of the County Council, or in connection with the performance by the Council of the delegated functions;

(b) to deal with any such claim or action as aforesaid;

and upon the County Council notifying the Council of the conditions attaching to any insurance effected by the County Council the Council shall comply with such conditions.

(4) The Council shall not institute or defend any action or proceedings on behalf of the County Council in any Court, other than in a Court of Summary Jurisdiction or, for the recovery of debt, in a County Court; and the Council shall not appeal from the decision of any such Court of Summary Jurisdiction or County Court except with the consent of the County Council.

Questions arising under Scheme.

27. Without prejudice to any other relevant provision of this Scheme, any question arising between the County Council and the Council as to the operation of the Scheme shall in default of agreement between them be referred to and determined by the Minister.

Date of Operation of Scheme.

28. This Scheme shall come into operation on the First day of November, 1960.

FIRST SCHEDULE

The Council shall exercise for and in respect of the Borough :—

1. The functions of the County Council under Sections 21, 22, 23, 24, 25, 26 and 29 of the National Health Service Act, 1946, as amended by the Mental Health Act, 1959, in accordance with the proposals for the time being approved by the Minister under Section 20 of the National Health Service Act, 1946, and arrangements otherwise approved by him.

2. The functions of the County Council under Section 28 of the National Health Service Act, 1946, as amended by the Mental Health Act, 1959, in accordance with any proposals for the time being approved by the Minister under Section 20 of that Act and any arrangements otherwise approved by him, except functions relating to the care or after-care in residential accommodation of persons suffering from mental illness.

3. The functions of the County Council under the Mental Health Act, 1959, except in so far as it amends Part III of the National Health Service Act, 1946.

4. The functions of the County Council under Sections 29 and 30 of the National Assistance Act, 1948, as amended by the Mental Health Act, 1959, in accordance with the schemes for the time being approved by the Minister under Section 34 of that Act.

5. The functions of the County Council under Section 3 of the Disabled Persons (Employment) Act, 1958, in accordance with the schemes for the time being approved by the Minister of Labour under Section 34 of the National Assistance Act, 1948, as applied by paragraph 1 of the Schedule to the Disabled Persons (Employment) Act, 1958.

6. The functions of the County Council under the Nurseries and Child-Minders Regulation Act, 1948.

SECOND SCHEDULE

Functions incidental to and necessary for the performance of the functions specified in the First Schedule to this Scheme

(1) Subject to the provisions of Articles 15 to 18 of this Scheme, and for the purpose of exercising the delegated functions, the appointment to the service of the County Council of officers to be wholly employed in the exercise of the delegated functions, the termination of the appointments of such officers and their suspension or dismissal from such service, and the general control of such officers in the discharge of the delegated functions.

(2) Subject to the provisions of Article 12 of this Scheme the functions of the County Council in relation to the management adaptation, alteration, equipment and upkeep of such land and buildings as may be reasonably necessary for the performance of the delegated functions and, subject to the prior approval of the County Council in each case, the provision of such buildings."

APPENDIX II

NATIONAL HEALTH SERVICE ACT, 1946

LOCAL HEALTH SERVICES

PART I.

RETURN RELATING TO SERVICES PROVIDED BY OR ON BEHALF OF THE COUNCIL AS LOCAL HEALTH AUTHORITY AND OF THE WORK DONE DURING THE YEAR 1960

1. Births.

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area :—

(1)	Live Births		Stillbirths		Totals	
	Actual (2)	Adjusted (3)	Actual (4)	Adjusted (5)	Actual (6)	Adjusted (7)
(a) Domiciliary ..	4,967	4,957	49	49	5,016	5,006
(b) Institutional ..	4,491	7,941	110	242	4,601	8,183

2. Ante-Natal and Post-Natal Clinics.

NOTES : A list giving the names and addresses of any clinics (*a*) discontinued and (*b*) started during the year should be attached.

Clinics provided by another Local Health Authority and used by agreement or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority should *not* be included, but a separate note should be attached showing the number of such clinics used by mothers resident in the Authority's area and the number of sessions held *per month* and if readily available, statistics as in columns (4) to (6) in respect of these women.

In col. 5 enter in respect of ante-natal examinations women who had *not* previously attended any clinic of the Local Health Authority during current pregnancy, and in respect of post natal examinations women who had *not* previously attended any post-natal clinic of the Local Health Authority after last confinement.

(1)	Number of premises* in use at end of year (whether held at Child Welfare Centres or elsewhere) (2)	Average number of sessions held per month‡ during year‡ (3)		Number of women in attendance		Total number of attendances during the year (6)	
		Medical Officers Sessions	Mid-wives Sessions †	Number of women who attended during year (4)	Number of new cases included in col. (4) (5)	Medical Officers Sessions	Midwive Sessions
L.H.A. Clinics: (*a*) For ante-natal examination	25 [25]	111 [98]	— [—]	3,786	2,732	12,796	—
(*b*) For post-natal examination	—	—	—	472	470	503	—
Clinics provided by Vol. Org.: (*c*) For ante-natal examination	— [—]	— [—]	— [—]	—	—	—	—
(*d*) For post-natal examination	—	—	—	—	—	—	—

†Where no Medical Officer is present or available.

*Premises used both for ante-natal and post-natal work, whether in the same or different clinic sessions. shou be counted as clinics for ante-natal examination, but their number should also be shown separately in the boxes.

‡Sessions in which both ante-natal and post-natal work is done should be counted as ante-natal sessions b their number should also be shown separately in the boxes.

3. Child Welfare Centres.

NOTES : A list giving the names and addresses of any centres (*a*) discontinued and (*b*) started during the year should be attached.

Centres provided by another Local Health Authority and used by agreement, or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority, should *not* be included, but a separate note should be attached showing the number of such centres used by children resident in the Authority's area and the number of sessions held *per month*, also, if readily available, statistics as in columns (4)-(12) in respect of these children.

Attendances by mothers for the purpose of obtaining welfare foods, etc. only should not be included in the Table.

Attendances at specialist clinics or for special treatment, e.g., orthopaedic clinics, sunlight treatment, etc. should not be included in the Table.

Centres provided by : (1)	Number of centres provided at end of year (2)	Number of Child Welfare sessions now held per month at centres in col. (2) (3)	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age (4)	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year (8)	Number of attendances during the year made by children who at the date of attendance were :			Total attendan during t year (12)
				1960 (5)	1959 (6)	1958-55 (7)		Under 1 year (9)	1 but under 2 (10)	2 but under 5 (11)	
(*a*) L.H.A. ..	98	376	9,065	7,761	6,533	4,875	19,169	109676	23,192	12,180	145,048
(*b*) Vol. Org. ..	2	6	140	127	126	52	305	1,773	386	95	2,254

Infant Welfare Centres opened during 1960.

St. Philip's Church Hall, Breadsall and County Clinic Brimington Road, Chesterfield.

Infant Welfare Centres closed during 1960 :

Bethel Chapel, Marehay, Near Ripley.

4. Dental Care of Expectant and Nursing Mothers and Children under School Age.

1. (*a*) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :—
   (1) Senior Dental Officer 0.1
   (2) Dental Officers 0.41

   (*b*) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service .. .. Nil

   (*c*) Number of dental clinics in operation at end of year 10

   (*d*) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year 44*
   (Chesterfield Borough)

   (*e*) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year .. .. Nil

* None specifically set aside in remainder of County for expectant and nursing mothers and pre-school children).

2. Dental Treatment Return.

A. NUMBERS PROVIDED WITH DENTAL CARE:

(1)	Examined (2)	Needing Treatment (3)	Treated (4)	Made Dentally Fit (5)
ectant and Nursing Mothers	96	80	69	34
ldren under Five	768	598	535	218

B. FORMS OF DENTAL TREATMENT PROVIDED:

(1)	Scalings and Gum Treatment (2)	Fillings (3)	Silver Nitrate Treatment (4)	Crowns or Inlays (5)	Extractions (6)	General Anaesthetics (7)	Dentures Provided: Full Upper or Lower (8)	Dentures Provided: Partial Upper or Lower (9)	Radiographs (10)
ectant and ursing Mothers	30	36	—	—	125	16	11	2	3
dren under five	—	41	427	—	810	363	—	—	—

Health Visiting and Tuberculosis Visiting.

Visiting.

	HEALTH VISITORS										TUBERCULOSIS VISITORS
	Number of children under 5 years of age visited during year	Expectant mothers*		Children under 1 year of age†		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuberculous Households‡	Other cases§	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households¶
		First visits	Total visits ‖	First visits	Total visits ‖	Total visits ‖	Total visits ‖	Total visits ‖	Total visits ‖		
l)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
H.A	43,642	2,263	3,055 544	11,865	32,340 3,063	15,777 1,531	28,012 2,292	2,324 384	7,649 402	37,260	— —
Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

*These figures should not include visits paid by a midwife-health visitor who is to attend the confinement as a midwife or maternity nurse.
The "first visit" to an expectant mother is the first visit paid by a health visitor during any one pregnancy.

†The "first visit" to a child under 1 year old is the first visit paid by a health visitor of this Local Health Authority after the birth of the child.

‡This heading relates to visits made by health visitors not employed solely on tuberculosis work (as to which see col. (12)).

§"Other cases" should include visits for such purposes as reporting on still-births and infant deaths, infectious disease, care of old people, hospital after-care, etc.

‖ "No access" visits should be shown in the boxes. They should be excluded from the totals which are to relate to effective visits only. In the case of a family containing more than one person with whom the health visitor is concerned, the number of effective visits to be recorded is the number of persons to whom the visitor gives effective consideration on the occasion of a visit to a household. The number of "no access" visits is the number of persons to whom a visit was intended but not made effectively owing to failure to contact the person or a responsible representative.

¶This heading relates to visits made by health visitors and tuberculosis visitors employed solely on tuberculosis work.

B. Clinics.

(*a*) Total number of attendances made by health visitors at local health authority clinic sessions during the year 6,727

(*b*) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year .. .. —

6. Home Nursing.

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year* (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year* (10)	Pa inc in wh hac th v di the
Number of cases attended by Home Nurses during the year :— (*a*) L.H.A. ..	9,871	2,913	29	246	114	4,147	17,320	5,693	350	
(*b*) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	
Number of visits paid by Home Nurses during the year :— (*c*) L.H.A. ..	286,945	60,129	847	10,923	971	124,453	484,268	219,573	2,914	23
(*d*) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	

* The number of visits paid to the special classes of patients in columns (9), (10) and (11) should be shown under items (c) and (d) as appropriate.

7 Domestic Help.

(i) Number of Domestic Help Organisers (including Assistant Organisers) employed at the end of the year:—

(*a*)	Whole-time	6
(*b*)	Part-time	Nil.
(*c*)	Whole-time equivalent of (*b*)	Nil.

(ii) Number of Domestic Helps employed at the end of the year :—

(*a*)	Whole-time	119
(*b*)	Part-time	215
(*c*)	Whole-time equivalent of (*b*)	123·5

(iii) Number of cases where domestic help was provided during the year*:—

	Total	Cases included in previous col. in which help began prior to 1960
(*a*) Maternity (including expectant mothers)	233	5
(*b*) Tuberculosis	5	2
(*c*) Chronic sick including aged and infirm	1,647	985
(*d*) Others	271	100

*A case should be counted only once, even if help ceased and recommenced during the year. All cases should be counted, even if help began in the preceding year.

8. Distribution of Welfare Foods.

Number and type of distribution points at end of year :—

(*a*)	Maternity and child welfare centres..	95
(*b*)	Others	62

9. Day Nurseries (including 24-hour Nurseries) as at end of year.

NOTE : A list giving the names and addresses of any Day Nurseries (*a*) opened, (*b*) closed during the year should be attached.

(1)	Number (2)	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
		Under 2 (3)	2–5 (4)	Under 2 (5)	2–5 (6)	Under 2 (7)	2–5 (8)
Nurseries maintained by the Council	5	91	134	44	126	37.54	84.92
Nurseries maintained by Voluntary Organisations by arrangement with the Council under Section 22 of the Act	—	—	—	—	—	—	—

10. Daily Minders receiving fees from the Authority under Section 22 of the National Health Service Act, 1946, at end of year.

(*a*)	Number of minders	Nil.
(*b*)	Number of children cared for	Nil.

11. Mother and Baby Homes—(i.e. Homes or hostels for unmarried mothers and their babies).

e and Address of Home or Hostel	Number of beds				Number of admissions (ignoring re-admissions after confinement) during the year	Number of admissions in col. (6) for which the authority was responsible	Average length of stay	
	Total beds (excluding maternity and labour and cots)	*Maternity (excluding labour and isolation)	Labour beds	Cots			Ante natal	Post natal †
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Provided by the Authority :—		N	I	L				
Provided or used by Voluntary Organisations with which the Authority make arrangements under Section 22 (1) or to which the Authority make payment under Section 22 (5):—		N	I	L				

(*c*) Number of cases sent by the Authority during the year to homes other than those mentioned in (*a*) and (*b*) above, payment being made on an "ad hoc" basis :—

(1) Expectant Mothers	71
(2) Post-Natal Cases	72

*A separate form M.C.W. 96a, should be furnished for each institution with *maternity* beds included in the above table.

†Exclusive of the lying-in period.

Immediate information should be sent to the Principal Medical Officer for the Region and addressed to him at the Ministry of Health, Savile Row, W.1, (in the case of homes in Wales, to the Chairman, Welsh Board of Health, Cathay's Park, Cardiff) or every occurrence in any of these institutions of :—

(*a*) DEATH ;
(*b*) OPHTHALMIA NEONATORUM, PEMPHIGUS AND *INFECTIVE GASTRO-ENTERITIS* ; AND
(*c*) AN OUTBREAK OF OTHER INFECTIOUS DISEASES.

12. Illegitimate Children (with special reference to Circular 2866).

(i) Do the Authority employ a Social Worker for the purpose of Circular 2866

(*a*) themselves ?	No
(*b*) in combination with another Local Health Authority ?	No

(ii) If not, what arrangements are made for this work to be undertaken ? The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

PART II.

MIDWIVES ACT, 1951.

RETURN BY LOCAL SUPERVISING AUTHORITY.

1. Midwives.

NOTE : Midwives engaged in both domiciliary and institutional practice should be included in the capacity in which they are mainly employed.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.		
	Domiciliary Midwives	Midwives in Institutions	Total
(*a*) Midwives employed by the Authority	102	–	102
(*b*) Midwives employed by Voluntary Organisations—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	–	–	–
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	–	–	–
(*c*) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	–	–	–
(ii) Otherwise	–	76	76
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes)	–	5	5
Totals	102	81	183

2. Deliveries Attended by Midwives.

NOTES: This table relates to *women* delivered, not in the case of multiple births, to infants.

Where midwives are engaged in both domiciliary and institutional practice, cases attended by them should be separated into domiciliary or institutional.

Where institutional midwives are employed by a Hospital Management Committee or Board of Governors responsible for several institutions situated in the areas of more than one Local Supervising Authority, the cases attended by them should be included in the return of the Authority in whose area the confinement takes p'ace.

Domiciliary cases attended by midwives (cols. (2)-(6)) should *not* include cases delivered in institutions but attended by domiciliary midwives on discharge and before the 14th day. This information should be provided at item (e).

(1)	Number of deliveries attended by Midwives in the area during the year					
	Domiciliary Cases					
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child (2)	Doctor not present at time of delivery of child (3)	Doctor present at time of delivery of child (either the booked Doctor or another) (4)	Doctor not present at time of delivery of child (5)	Totals (6)	Cases in Institutions (7)
(*a*) Midwives employed by the Authority ..	23	560	1,223	3,145	4,951	—
(*b*) Midwives employed by Voluntary Organisations— (i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—
(*c*) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	4,027
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes)..	—	—	—	—	—	335
TOTALS ..	23	560	1,223	3,145	4,951	4,362

(*e*) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day, 1,935.

3. Medical Aid under Section 14 (1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife, whether a fee was payable by the Local Health Authority or not :—

(*a*) Domiciliary cases :—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	268
(ii) Others	146
Total	414
(*b*) Cases in Institutions	278

4. Administration of Inhalational Analgesics.

(1) **Institutional Midwives.**

Number of **Institutional** Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board :—

(*a*) Employed in homes and hospitals in the National Health Service	73
(*b*) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	5

(2) **Domiciliary Midwives.**

NOTE : The information asked for item (*d*) in columns (3)-(10) should be supplied where available.

(1)	Number of **domiciliary** midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (2)	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in **domiciliary** practice during the year:–				Number of cases in which pethidine was administered by midwives in **domiciliary** practice during the year :—	
				When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child			
		Gas and air (3)	"Trilene" (4)	Gas and air (5)	"Trilene" (6)	Gas and air (7)	"Trilene" (8)	When doctor was present at time of delivery of child (9)	When doctor was not present at time of delivery of child (10)
(*a*) Domiciliary Midwives employed directly by Local Health Authority	102	101	101	150	893	219	2,977	754	2,198
(*b*) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
(*c*) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
(*d*) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
Totals	102	101	101	150	893	219	2,977	754	2,198

PART III.

RETURN OF WORK DONE BY THE AUTHORITY UNDER :—

1. Nurseries and Child-minders Regulation Act, 1948.

	Number registered at end of year	†Number of children provided for
Premises :		
(*a*) Factory	Nil.	Nil.
(*b*) Other nurseries	Nil.	Nil.
Daily Minders	1	4

† *i.e.*, number of children to whom the registrations relate.

2. Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during year ..	—	—	—	—
Homes whose registrations were withdrawn during year..	—	—	—	—
Homes on the register at end of year	6	28	72	100
Homes exempt from registration at end of year	—	—	—	—

Names of the Councils of any County Districts to which the powers and duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936, and particulars of the powers delegated.

Glossop Corporation } The powers and duties of the County
Ilkeston „ } Council for the respective areas.

PART IV.

PREMATURE BIRTHS

NOTES : This section covers live births and still-births of 5½ lbs. or less at birth.

Births in an ambulance or in the street should be listed under the place to which the case is immediately transferred.

1. Number of Premature Live Births Notified (as adjusted by any notifications transferred in or out of the area).

(*a*)	In hospital	593
(*b*)	At home	207
*(*c*)	In private nursing homes	24
	Total	824

2. Number of Premature Still-Births Notified (as adjusted by any notifications transferred in or out of the area).

(*a*)	In hospital	124
(*b*)	At home	16
*(*c*)	In private nursing homes	1
	Total	141

*"Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

NOTE : The totals in the table below should correspond with the appropriate figures in items 1 and 2 above, e.g. the sum of the totals in cols. (5) and (8) of the table should correspond with item 1 (*b*) above.

Weight at birth	PREMATURE LIVE BIRTHS															Premature Still-birth	
	†Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day				
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in hospital	Born at home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
(*a*) 3 lb. 4 oz. or less (1,500 gms. or less)	63	26	26	3	2	1	16	3	10	–	–	–	3	–	3	65	7
(*b*) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	108	12	85	7	–	7	18	2	15	3	1	2	1	–	1	28	3
(*c*) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	135	3	127	17	–	17	7	–	7	1	–	1	–	–	–	11	–
(*d*) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	287	6	276	124	–	124	15	–	15	16	–	16	–	–	–	20	6
Totals	593	47	514	151	2	149	56	5	47	20	1	19	4	–	4	124	16

†The group under this heading will include cases which may be born in one hospital and transferred to another.

PART V.

STAFF RETURN.

NURSING STAFF EMPLOYED AT THE END OF THE YEAR BY THE AUTHORITY, AND BY VOLUNTARY ORGANISATIONS AND HOSPITALS UNDER ARRANGEMENTS WITH THE AUTHORITY FOR SERVICES UNDER PART III OF THE N.H.S. ACT.

NOTES: Where a nurse is engaged in more than one service (e.g. a superintendent nursing officer or a home nurse-midwife) she should be shown as part-time in *each* of the services in which she is engaged, and should be given the whole-time equivalent of her work in *each* of these services in the columns provided.

A health visitor (or home nurse or midwife) who also does school nursing duties should be shown as part-time, together with the whole-time equivalent of her work after deduction of time spent in school nursing duties. Nurses employed solely as whole-time school nurses whether or not holding the health visitor's certificate, should not be included anywhere in this return.

1. Health Visiting, Tuberculosis Visiting, Clinic Duties, Care and After-Care.

	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)			Health Visitors except those in Cols. (8)-(10)			Tuberculosis Visitors†			Other Nurses		
(1)	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6) (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equiv. Whole-time of (12) (13)
Local Health Authority ..	—	4	1·6	—	58	40.6	—	—	—	—	—	—
				—	—		—	—				
Voluntary Organisation ..	—	—	—	—	—	—	—	—	—	—	—	—
				—	—		—	—				

*Health Visitors and Tuberculosis Visitors acting as such by virtue of a dispensation given under Regulation 5 of the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, should be included and also shown separately in the boxes.

†This relates to health visitors and tuberculosis visitors employed solely on tuberculosis work.

2. Domiciliary Midwifery.

(A).

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time* (2)	Part-time* (3)	Equivalent Whole-time of (3) (4)	Whole-time† (5)	Part-time† (6)	Equivalent Whole-time of (6) (7)
(a) Local Health Authority ..	— / —	3 / 3	1.5	72 / 3	30 / —	15
(b) Voluntary Organisations ..	— / —	— / —	—	— / —	— / —	—
(c) H.M.C. or B.G.				— / —	— / —	—

*Non-Medical Supervisors of Midwives should be included and also shown separately in the boxes.

†Midwives approved as teachers should be included and also shown separately in the boxes.

(B). Pupil Midwives.

Number of pupils who have completed their district training in the area during the year as part of a Part II Midwifery course taken :—

(i) Wholly on the district .. .. .. —

(ii) Partly on the district 9

3. Home Nursing.

(1)	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6)* (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9)* (10)	Whole-time* (11)	Part-time* (12)	Equiv. Whole-time of (12) (13)
(a) Local Health Authority ..	1	2	1	106 / —	25 / —	12 / —	6 / —	3 / —	2 / —	— / —	— / —	— / —
(b) Voluntary Organisation ..	—	—	—	— / —	— / —	— / —	— / —	— / —	— / —	— / —	— / —	— / —

*Male nurses should be included and also shown separately in the boxes.

4. Nurses Engaged on Combined Duties.

NOTE : A nurse should be counted once only in this section. If part of her duties relates to health visiting, home nursing, or midwifery, she will also have been counted in one or more of sections 1, 2 and 3 above.

Number of nurses engaged in :

(*a*)	Health visiting and school nursing only ..	60
(*b*)	Home nursing and midwifery only	28
(*c*)	Health visiting, home nursing and midwifery only	Nil
(*d*)	Health visiting, home nursing, school nursing and midwifery only	Nil
(*e*)	Other combinations (please specify)	Nil

5. Administrative Nursing Staff (excluding Health Visitor Tutors)

Actual number of nurses whose duties in the services in 1, 2 and 3 above are :—

(*a*)	wholly administrative and supervisory	5
(*b*)	partly administrative and supervisory	3

6. Total Staff.

Actual number of nursing staff represented in the tables under 1, 2 and 3 above, including administrative nursing staff but **excluding** students and pupils whose employment in these three services is :—

(*a*)	Whole-time	278
(*b*)	Part-time	2

7. Nursery Staff—Day Nurseries.

	Nursery Supervisors †	Matrons		Deputy Matrons		Other Staff—Excluding Domestics					
		State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	S.R.N.'s R.S.C.Ns R.F.N's	S.E.AN's	Nursery Nurses	Wardens	Nursery Assistants and other staff (excluding domestics)	Nursers Student
1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
..H.A.	— / —	3	2	1	3	—	2	7	3	7.5	20
ol. rg.*	— / —	—	—	—	—	—	—	—	—	—	—

†The number of part-time Supervisors should be included and also shown in the boxes.

*Refers to staff employed by Voluntary organisations providing a day nursery service by arrangement with the Local Health Authority under Section 22 of the Act.

8. Vacancies.

Number of vacancies for nursing staff at the end of the year (i.e. additional staff which the Authority would employ immediately if available) expressed in terms of the equivalent of whole-time staff under each heading :—

(*a*)	Health Visitors	8
(*b*)	Tuberculosis Visitors	—
(*c*)	Domiciliary Midwives	5
(*d*)	Home Nurses	3
(*e*)	Day Nursery Staff (specify grades).	—

COUNTY OF DERBY

Table of Deaths during the year 1960 in each of the Sanitary Districts, Classified according to Diseases.

APPENDIX III.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																					
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases.	Other Circulatory Diseases.	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes
(URBAN)																																						
ALFRETON	2	1	–	–	–	–	–	–	–	7	10	7	3	21	3	2	36	44	4	33	15	–	12	9	3	3	1	2	1	1	1	13	2	3	3	–	242
ASHBOURNE	–	–	–	–	–	–	–	–	–	–	2	–	1	7	–	–	9	12	3	10	7	–	1	7	3	–	–	1	–	–	–	4	2	–	–	–	69
BAKEWELL	–	–	–	–	–	–	–	–	–	3	1	2	1	5	–	–	19	10	–	12	3	–	2	4	–	2	–	3	1	–	–	4	–	1	1	1	72
BELPER	1	–	–	–	–	–	–	–	–	7	7	5	1	21	–	2	42	43	2	15	17	2	7	3	5	3	1	3	4	–	–	15	1	6	–	–	213
BOLSOVER	1	–	–	–	–	–	–	–	–	4	3	1	–	6	1	2	7	20	2	10	10	–	5	9	1	1	1	–	–	–	–	9	3	3	2	–	101
BUXTON (Borough) ..	1	–	–	–	–	–	–	–	1	8	11	1	1	19	–	1	40	50	4	61	6	1	8	12	2	1	2	–	–	–	2	15	4	8	2	–	261
CHESTERFIELD (Bor'gh)	–	–	2	–	–	–	–	–	1	26	35	14	5	81	6	10	111	107	16	109	47	–	59	57	10	14	5	6	5	1	6	59	6	36	10	1	845
CLAY CROSS	–	–	1	–	–	–	–	–	–	4	6	1	1	9	1	1	9	20	1	9	2	–	9	7	2	1	–	1	1	–	–	12	5	2	–	–	105
DRONFIELD	–	1	–	–	–	–	–	–	–	2	5	1	2	8	–	–	12	12	2	12	4	–	4	10	–	–	1	3	1	–	1	10	–	5	–	–	96
GLOSSOP (Borough) ..	2	–	–	–	–	–	–	–	–	7	10	6	–	9	–	1	41	41	–	47	9	1	8	17	–	2	1	12	3	1	1	30	2	–	5	–	256
HEANOR	3	–	–	–	–	–	–	–	–	9	8	4	1	21	–	1	28	40	5	33	25	–	8	11	4	4	1	4	2	–	2	11	–	8	1	1	235
ILKESTON (Borough) ..	3	–	–	–	–	–	–	–	1	7	23	4	4	19	–	–	51	54	7	47	17	3	15	28	3	3	–	3	2	–	2	25	3	9	3	–	336
LONG EATON	–	–	1	–	–	–	–	–	–	12	12	6	3	32	3	2	32	51	4	54	16	–	12	15	3	2	3	–	1	–	3	23	3	7	2	–	312
MATLOCK	2	–	–	–	–	–	–	–	–	3	5	2	1	21	1	3	32	52	1	36	15	–	6	8	–	2	1	1	2	–	3	15	2	3	2	–	219
NEW MILLS	1	–	1	–	–	–	–	–	–	2	5	1	2	12	1	1	16	21	1	13	14	–	5	8	–	–	–	–	1	–	–	7	1	1	–	–	114
RIPLEY	1	–	–	–	–	–	–	–	–	1	7	4	1	8	2	–	23	51	5	19	16	–	14	9	3	2	1	4	1	–	–	25	–	6	3	–	206
STAVELEY	1	–	–	–	–	–	–	–	1	6	6	–	2	17	1	–	20	28	6	17	6	–	7	6	4	3	3	2	2	–	3	12	1	8	1	–	163
SWADLINCOTE	–	–	–	–	–	–	–	–	–	8	10	5	3	23	–	1	31	32	5	37	12	–	14	14	–	1	–	7	1	–	1	17	1	3	4	–	230
WHALEY BRIDGE ..	–	–	–	–	–	–	–	–	–	1	4	1	1	1	–	–	10	10	–	9	2	–	1	3	–	–	–	2	–	–	1	4	–	–	–	–	50
WIRKSWORTH	–	1	–	–	–	–	–	1	–	1	1	4	2	5	–	–	12	8	2	10	5	–	1	5	1	–	1	–	–	–	1	5	1	2	–	–	69
URBAN DISTRICTS ..	18	3	5	–	–	–	–	1	4	118	171	69	35	345	19	27	581	716	70	593	248	7	198	242	44	44	22	51	28	3	27	315	37	111	39	3	4,194
(RURAL)																																						
ASHBOURNE	–	–	–	–	–	–	–	–	–	1	2	2	1	11	–	1	25	17	2	28	9	–	4	7	–	1	–	–	–	–	3	4	1	3	–	–	122
BAKEWELL	2	–	–	–	–	–	–	–	–	7	7	2	1	19	2	3	53	35	3	33	9	1	9	11	2	–	–	2	4	–	1	12	1	10	1	–	230
BELPER	–	–	–	–	–	–	–	–	1	7	7	4	3	37	1	2	52	61	5	35	18	1	17	15	2	1	4	2	1	–	3	29	9	6	–	–	323
BLACKWELL	1	–	1	–	–	–	–	–	1	12	14	9	4	36	2	5	65	58	10	75	18	–	23	28	7	2	3	2	5	–	3	60	2	12	3	1	462
CHAPEL-EN-LE-FRITH	2	–	–	–	–	–	–	–	–	5	11	4	1	18	1	2	39	36	4	37	9	–	7	10	2	3	1	1	1	–	1	16	1	6	2	–	220
CHESTERFIELD ..	6	–	–	–	–	–	–	–	2	30	34	14	6	82	5	6	102	140	15	118	46	2	46	55	8	5	2	11	4	–	15	65	21	23	7	–	870
CLOWNE	2	1	–	–	–	–	–	–	1	5	4	2	1	16	3	4	25	35	1	27	8	–	11	13	4	–	1	–	1	–	5	38	10	12	4	–	400
REPTON	1	–	–	–	–	–	–	–	–	8	11	9	5	33	2	4	63	61	14	52	20	3	24	11	2	3	3	2	–	–	3	15	4	6	–	–	193
S.E. DERBYSHIRE ..	7	1	1	–	–	–	–	–	1	22	39	19	3	85	5	7	116	149	21	135	30	1	35	42	10	6	4	8	3	1	13	61	10	12	16	–	863
RURAL DISTRICTS ..	21	2	2	–	–	–	–	–	6	97	129	65	25	337	21	34	540	592	75	540	167	8	176	192	37	21	18	28	19	1	47	300	59	90	33	1	3,683
URBAN DISTRICTS ..	18	3	5	–	–	–	–	1	4	118	171	69	35	345	19	27	581	716	70	593	248	7	198	242	44	44	22	51	28	3	27	315	37	111	39	3	4,194
WHOLE COUNTY ..	39	5	7	–	–	–	–	1	10	215	300	134	60	682	40	61	1,121	1,308	145	1,133	415	15	374	434	81	65	40	79	47	4	74	615	96	201	72	4	7,877

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1960

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.,
Principal School Medical Officer.

TABLE OF CONTENTS

TABLE OF CONTENTS—*continued.*

DERBYSHIRE EDUCATION COMMITTEE
(1960-1961)

ALDERMAN F. A. GENT, M.A.
(*Chairman*)

ALDERMAN J. B. HANCOCK
(*Vice-Chairman*)

Aldermen

J. W. ALLITT, M.B.E.
J. ANDERSON
MRS. A. M. BELFIELD
MRS. G. BUXTON, C.B.E., J.P.
MRS. O. EDEN, J.P.
C. FEAKIN, J.P.
R. FEWKES
MRS. E. HARRISON
MRS. F. E. SHIPLEY
MRS. D. M. SUTTON
J. TURNER
REV. E. J. WASS

Councillors

H. G. BOOTH
F. R. BOTT
G. W. COCKER
A. ELSE
C. E. FLETCHER
MRS. D. HARDMAN
J. HAWORTH
J. W. HETHERINGTON
C. D. LEWIS
D. PRINCE
G. A. SEYMOUR
J. J. SHEEHY
MISS A. V. STAFFORD
L. STONES
MRS. A. S. THICKETT
H. TURNER, J. P.
E. H. WRIGHT

Coopted Members

MRS. E. E. ARMSTRONG
MRS. M. G. C. SULLEY, M.A.
C. BEMROSE, ESQ., M.A.
PROFESSOR, C. G. CHESTERS, M.Sc.
H. H. DAVIDSON, ESQ.
F. HEATH, ESQ.
REV. H. HODGKINS, M.A.
H. MILES, ESQ.
REV. DR. H. S. O'NEILL
H. PALRFEMAN, ESQ.
MRS. J. PLATTS
F. R. ROLLINSON, ESQ.
VERY REV. CANON L. J. WILLIAMSON
W. A. STRETTON, ESQ.

SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE
(1960-1961)

ALDERMAN F. A. GENT, M.A.
(*Chairman*)

ALDERMAN J. B. HANCOCK
(*Vice-Chairman*)

Alderman

J. W. ALLITT, M.B.E.
J. ANDERSON
MRS. A. M. BELFIELD
MRS. G. BUXTON, C.B.E., J.P.
MRS. O. EDEN, J. P.
C. FEAKIN, J.P.
R. FEWKES
MRS. E. HARRISON
MRS. F. E. SHIPLEY
MRS. D. M. SUTTON
J. TURNER

Councillors

F. R. BOTT
MRS. D. HARDMAN
G. A. SEYMOUR
J. J. SHEEHY
L. STONES
MRS. A. S. THICKETT
H. TURNER, J.P.

Co-opted Members

MRS. E. E. ARMSTRONG
H. H. DAVIDSON, ESQ.
F. P. HEATH, ESQ.
F. R. ROLLINSON, ESQ.

A Joint Medical Service Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1960, its membership was as follows :—

Representing the County Health Committee :
ALD. MRS. E. HARRISON (*Chairman*)
ALD. MRS. F. E. SHIPLEY
ALD. MRS. D. M. SUTTON
COUN. N. B. BANKS

Representing the Education Committee :
ALD. MRS. G. BUXTON, C.B.E., J.P.
ALD. MRS. O. EDEN, J.P.
ALD. F. A. GENT, M.A.
ALD. J. B. HANCOCK

ANNUAL REPORT

of the PRINCIPAL SCHOOL MEDICAL OFFICER on the Health and Well-being of School Children for the Year ended 31st December, 1960.

To the Chairman and Members of the Derbyshire Education Committee

Ladies and Gentlemen,

I have the honour to present my seventeenth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Authority.

There has been a consistent increase in the school population each year since 1946, when it was 82,895, until 1958, when it was 119,792. In 1959, for the first time since the end of the second World War, it declined as compared with the previous year, that is, to 118,520, and then again in the year under review to 117,732. This result is really the long-term effect of the high birth-rate that occurred in 1943 and 1944 followed by a lower rate in 1945 (see page 9) and the raising of the school leaving age in 1947. The higher rates that occurred in 1946 and 1947 suggest that the school population is likely to go up temporarily during the next two years.

If school medical inspections are to be carried out adequately these variations in the school population should be borne in mind. Your attention is drawn to the details of the establishment for school medical officers on page 11, where it will be seen that the Authority at the end of 1960 were employing the equivalent of nearly fifteen whole-time medical officers with almost five posts unfilled.

The shortage of Dental Officers, Health Visitors and Speech Therapists continues nationally as well as locally, although its degree varies from one locality to another, but being generally less marked in the south of England, particularly in or near the metropolis and the coastal areas. The Education Committee, it is understood, gives every encouragement to pupils to embark on courses in dentistry and speech therapy and the County Health Committee to nurses and midwives to train as Health Visitors. Recently there has been a slightly increased number appointed to serve as Student Health Visitors, which I hope is a precursor to even better recruitment. A certain number of Health Visitors have been granted car allowances, which enables them to do more work. Since the end of the War, the following buildings have been erected, extended and modernised or where not purpose-built adapted for use as clinics :—

Dronfield—adapted in 1950
Clowne—erected in 1955
Hackenthorpe—erected in 1957
Cathedral Road, Derby—erected in 1958
Eckington—erected in 1960
Brimington Road, Chesterfield—extended and modernised in 1960
Chaddesden—erected in 1960
Ripley—erected in 1960
Staveley—extended and modernised in February 1961
Bolsover—extended and modernised in February 1961
Glossop—erected in March 1961

There is a new clinic in course of erection in Buxton to replace unsatisfactory improvised premises.

The progressive outlook of the Education and Health Committees in providing up-to-date clinics has helped not only to improve the service but has given the personnel greater joy and pride in their work.

While adapted premises help to bridge a gap when there is financial stringency or during war-time when labour is required in other spheres of activity, undoubtedly purpose-built premises are infinitely preferable, providing reasonable expenditure is allowed to the Architect to exercise his skill. As far as the County Council is concerned their actions have amply demonstrated that they give every encouragement to this view.

Health Education has loomed much larger during the year, particulary at the clinics, being backed not only by Health Topics supplied by the Central Council for Health Education and the General Dental Council but also by those designed and made by the County Council's own professional staff. The latter have shown much ingenuity, particulary Dr. Julia Corrigan, the Senior Medical Officer for School Health, Mr. Henry Gray, the Principal Dental Officer, Miss Mary Daybell, the Deputy Superintendent Health Visitor, and Miss Fleay, one of the clerical staff. It is impossible to divorce Health Education from health advice and treatment as it is always a constituent to a greater or lesser extent of both. Health Education has, therefore, been practised from time immemorial but takes on a new impetus every now and then, but not least in the year under review at the County Council's Clinics.

It is thought that this is an opportune occasion to quote from the Annual Report of the Chest and Heart Association for 1959/60, as follows :—

> "Smoking is an old established custom, and today nearly twelve million men and over six million women in Britain are fairly heavy regular smokers. In 1952 an enquiry was held to find out the relationship between smoking and lung cancer.
>
> The scientific results of this enquiry were interesting :—Among non-smokers, one death in every 300 was due to lung cancer. Whereas in those who smoked ten cigarettes a day, lung cancer accounted for one death in every twenty-five. In people who smoked twenty cigarettes a day, one death in every eight was due to lung cancer.

Nor is lung cancer, harmful though it is, the only bad result of smoking. Bronchitis is aggravated by smoking ; smoking depresses the appetite, and can also effect the heart, the arteries and the stomach. Taking everything into consideration, it can be said that the greatest single step we could take in making lung cancer less common would be to teach our young people not to smoke."

Alderman F. A. Gent, the Chairman of the Education Committee, as well as Alderman Mrs. E. Harrison, the Chairman of the County Health Committee, who is also the Chairman of the Joint Medical Services Sub-Committee, have been most helpful in persuading their Committees to agree to schemes for expanding and improving the Health Service. Mr. J. Longland, the Director of Education, and his staff have co-operated most understandingly in the arrangements for providing an efficient School Health Service and I must also pay tribute to the assistance I have received from the staff of my own Department, but not least Dr. V. J. Woodward, my Deputy, Mr. Gray, the Principal Dental Officer, Dr. Julia Corrigan, the Senior Medical Officer for School Health, Miss Lloyd and Miss Daybell, the respective Superintendent and Deputy Supertindent Health Visitors, Mr. Rowley, the Public Health Inspector, and Mr. E. W. Dilks, the Chief Clerk, all of whom have contributed most conscientiously and loyally to maintaining and expanding the School Health Service.

I am,

Your obedient Servant,

J. B. S. MORGAN,
Principal School Medical Officer.

County Offices,
Matlock.

(*Telephone : Matlock* 3411).

5th April, 1961.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County.

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,391	635,456
Population, Mid-1960 ..	139,490	229,170	372,650	741,310

Primary and Secondary Schools.

Divisional Executive	Types of Schools and Numbers		Average No. on Registers	
North-west	Primary ..	80	8,229	14,133
	Secondary ..	16	5,904	
North-east	Primary ..	117	20,502	33,828
	Secondary ..	34	13,326	
Mid-Derbyshire ..	Primary ..	77	15,425	17,838
	Secondary ..	19	2,413	
South-east	Primary ..	62	10,250	18,224
	Secondary ..	15	7,974	
South	Primary ..	102	13,121	21,573
	Secondary ..	18	8,452	
Chesterfield ..	Primary ..	26	5,913	12,136
	Secondary ..	13	6,223	
Total — Whole Administrative County	Primary ..	464	73,440	117,732
	Secondary ..	115	44,292	

Nursery Schools and Nursery Classes.

Divisional Executive	Number of Schools or Classes		Approx. No. on Registers
North-west ..	Schools ..	1	40
	Classes ..	1	22
North-east ..	Schools ..	1	40
	Classes ..	6	139
South-east ..	Classes ..	2	64
Chesterfield ..	Classes ..	9	333

Special Schools. *Approx. No. on Registers*

Ashgate Croft (E.S.N. Mixed) Day Special School, Chesterfield	160
Brambling House Open Air School and Children's Centre, Chesterfield	125
Bretby Orthopaedic Hospital Special School, Bretby	45
John Duncan (E.S.N. Girls') School, Buxton	45
Overseal Manor (E.S.N. Boys') School	44
Talbot House, Glossop (Cerebral Palsy)	23
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	100

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	12
Stretton House, Stretton	22

New Schools.

The following new schools were opened during the year :—

North East Division.	*Date of Opening*
Shirebrook, The Park C. Junior Mixed	4th May.
Dronfield, The Gladys Buxton C. Secondary	6th September.
Mid-Derbyshire Division.	
Ripley, Benjamin Outram C. Secondary	27th April.

Schools closed during the Year.

North East Division	*Date of Closure*
Shirebrook, Langwith Road C. Infants	12th April.
Staveley, Barrow Hill C. Secondary Boys	22nd July.
Mid-Derbyshire Division.	
Alfreton, Copthorne C. Infants	5th January.
Alfreton, Ironville and Codnor Park C. Infants	27th April.
Ripley, C. Senior Boys	27th April.
Ripley, C. Senior Girls	27th April.
Pentrich, C. J.M. & I.	5th September.
South Division.	
Cubley V.C. J.M. & I.	2nd May.

Births and their effect on school population.

The number of pupils attending maintained primary and secondary schools shown above has increased in recent years and from 1946 onwards the following Table gives the position annually :—

1946	82,895	1954	112,021
1947	87,107	1955	114,744
1948	91,875	1956	116,699
1949	95,595	1957	118,761
1950	97,511	1958	119,792
1951	100,973	1959	118,520
1952	106,323	1960	117,732
1953	109,099		

These figures are a reflection of the births in the County during the preceding years as well as the raising of the school leaving age from 14 to 15 years in 1947. Below are set out the numbers of live births in the administrative county from 1940 :—

1940 ..	9,898	1951 ..	10,440
1941 ..	10,078	1952 ..	10,425
1942 ..	11,032	1953 ..	10,663
1943 ..	11,724	1954 ..	10,417
1944 ..	13,149	1955 ..	10,329
1945 ..	11,393	1956 ..	11,011
1946 ..	12,710	1957 ..	11,428
1947 ..	13,714	1958 ..	11,560
1948 ..	12,152	1959 ..	11,868
1949 ..	11,534	1960 ..	12,262
1950 ..	10,799		

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is in an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administation made by the Borough Council was approved by the Minister of Education on 7th November, 1945. Briefly, the Borough Council exercises the following functions in respect of the Borough relating to the School Health Service in particular :—

(i) The duty of providing special educational treatment for those children who have been ascertained as needing such treatment.

(ii) The duty of carrying out the medical inspection of pupils in attendance at any school maintained by the Authority and securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(iii) The exercise of the duties relating to the power to ensure cleanliness.

(iv) The powers and duties relating to reports to local authorities under the Mental Deficiency Acts.

(v) The duty of carrying out the medical inspection of pupils receiving primary or secondary education otherwise than at school, and of securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(vi) Where an arrangement has been made between the Authority and the Proprietor of an Independent School in the Borough, the duty of carrying out the medical inspection of pupils in attendance at the school, and securing that the pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1960, and the following information was provided :—

STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance) :—

Principal School Medical Officer .. .. J. B. S. Morgan
Principal School Dental Officer .. .. .. H. E. Gray

	Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(*a*) Medical Officers (including the Principal School Medical Officer)—*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services	30	14.73
(iii) General Practitioners working part-time in the School Health Service ..	—	—
(*b*) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists	3	1.60
(ii) Speech Therapists ..	2	0.60
(*c*) (i) School Nurses	65	21.60
(ii) No. of above who hold a Health Visitor's Certificate	60	
(*d*) Nursing Assistants	15	10.50

*—All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(*e*) Dental Staff:				
(i) Principal School Dental Officer ..	1	0.90	—	—
(ii) Dental Officers ..	6	4 00	—	—
(iii) Orthodontists (if not already included in (*e*) (i) or (*e*) (ii) above ..	—	—	—	—
Total ..	7	4.90	—	—
Total full-time equivalent (Col. 2 plus Col. 4) ..		4.90		

	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants ..	9	7.8

The following Table gives details of the staff during the year (including Child Guidance staff) :—

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER—		
J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER—		
V. J. Woodward, M.B., Ch.B., D.P.H.	30%	70%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH—		
Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.	50%	50%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH—		
Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.	2½%	97½%
SCHOOL MEDICAL OFFICERS—		
Frances G. Brill, B.A., M.B., B.Ch., B.A.O.	70%	30%
A. Chynoweth, L.R.C.P., M.R.C.S. (Commenced 1/2/60)	70%	30%
J. W. Crawshaw, M.B., Ch.B.	70%	30%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	70%	30%
J. Duthie, M.B., Ch.B.	70%	30%
Winifred Gow, M.B., Ch.B.	70%	30%
J. D. Hall, L.R.C.P., M.R.C.S., D.P.H. (Commenced 1/6/60)	70%	30%
Alison M. Hamilton, M.B., Ch.B., D.P.H. ..	70%	30%
Tonie F. Haynes, M.B., Ch.B.	70%	30%
Emily B. John, M.B., B.S., M.R.C.S., L.R.C.P.	70%	30%
Margarete Kuttner, M.D.	70%	30%
D. R. McCaully, M.D., B.Ch., B.A.O., D.P.H.	70%	30%
Margaret Muckart, M.B., Ch.B. (Commenced 13/12/60)	70%	30%
Margaret J. Nettleship, M.B., B.Ch., D.P.H. (Left 30/6/60)	70%	30%
G. J. O'Connor, M.B., B.Ch., B.A.O. (Left 31/10/60)	70%	30%
G. Storey, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.	70%	30%
Teisi Urtson, Med-Dip., Univ. of Tartu ..	70%	30%
Mary T. Vass, L.R.C.P.I., L.R.C.S.I., L.M. (Left 28/7/60)	70%	30%
(4 and 8/11ths vacancies).		
PART-TIME SCHOOL MEDICAL OFFICERS—		
M. Allan, M.B., Ch.B., D.P.H.	20%	80%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H. ..	33%	67%
A. R. Robertson, M.B., Ch.B., D.P.H.	20%	80%
F. D. F. Steede, M.B., B.Ch., D.P.H. ..	27%	73%
Mary Stevens, M.B., Ch.B. (Commenced 15/12/60)	25%	2%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H. ..	30%	70%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District—		
J. A. Stirling, D.S.C., M.B., Ch.B., D.P.H. ..	24%	76%

Staff	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
H. James, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H.	72%	28%
Joan M. B. Leith, M.B., Ch.B., B.A.O., D.P.H. ..	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRISTS—		
D. J. Salfield, B.Sc., M.D., D.P.M.	75%	7%
F. G. Thorpe, M.B., B.Ch., D.P.M. (From 8/8/60) (Both by arrangement with Hospital Authorities)	75%	7%
EDUCATIONAL PSYCHOLOGISTS—		
J. R. Fish, B.Sc.	25%	—
Miriam S. Flint, B.A. (Left 31/8/60)	25%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District)	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
Mary P. Joyce, B.Sc. (Commenced 1/3/60)	25%	—
Phylis Lane, B.A.	25%	—
P. H. Priestley, M.A. (Commenced 1/3/60) ..	25%	—
(One vacancy). ..		
PSYCHOTHERAPIST—		
Coral L. Tibbetts, B.Sc., Dip.Psych.	90%	10%
PSYCHIATRIC SOCIAL WORKERS—		
(Two vacancies).		
SOCIAL WORKERS—		
Ethel N. Ives, (Chesterfield Excepted District) ..	50%	—
(One-and-a-third vacancies).		
SPEECH THERAPISTS		
Edna Curry, L.C.S.T. (Left 30/3/60)	95%	5%
Diana Hirst, L.C.S.T. (3/11ths) (Left 31/12/60) ..	10%	—
Margaret R. Marsh, L.C.S.T. (6/11ths) (Left 31/12/60)	50%	5%
Sally Goldthorpe, L.C.S.T. (Chesterfield Excepted District). (Left 30/11/60).	100%	—
Nine-and-a-half vacancies)		
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
G. H. Freeman (Dentist, 1921)	90%	10%
F. E. Welton, L.D.S.	90%	10%
PART-TIME DENTAL OFFICERS—		
Wilma Drury, L.D.S. (10/11ths) (Left 14/7/60) ..	80%	11%
Flora M. Jackson, L.D.S. (6/11ths)	50%	5%
Dorothy Littlar, L.D.S. (6/11ths)	50%	5%
Ilse B. Mann, L.D.S. (4/11ths)	33%	3%
(7 and7/11ths vacancies).		
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer)	90%	10%
Annie Kean, L.D.S. (Left 30/10/60)	100%	—
(Two vacancies)		

At the end of 1953 we had the equivalent of 8.4 whole-time School Medical Officers ; at 31.12.54 the figure was 9.3. In 1955 the County Council agreed to increase the establishment by seven Assistant Maternal and Child Welfare and School Medical Officers, in order to meet the growing needs for their services and to bring the ratio of staff up to a figure similar to the average for the country as a whole. At 31.12.55 the equivalent of 10.5 officers were engaged in school health work and at the end of 1956 the figure was 13.9 Steps were also being taken to arrange a scheme for carrying out B.C.G. vaccination of certain school children (which is designed to afford protection against tuberculosis), and the County Council therefore agreed that six additional Medical Officers be appointed (who will act as Maternal and Child Welfare as well as School Medical Officers), according to the need, to enable it to be implemented without detriment to the other schemes which have already been established. It will be seen from the foregoing schedules of staff that at the end of 1960 we had the equivalent of (approximately) $14\frac{3}{4}$ school medical officers, with almost five combined posts of Assistant Maternal and Child Welfare Medical Officers/ School Medical Officer to be filled.

Each Medical Officer is assisted by a "Medical Officer's Attendant." This scheme was introduced to relieve Health Visitors of some of the routine tasks, and has worked very well, the Attendant helping the Doctors not only in minor nursing work but also with the clerical work.

Regular meetings of the Medical Officers (about two each term) were held.

GENERAL CONDITION OF PUPILS

In circular number 352 dated 24.3.59 the Ministry of Education referred to medical and dental inspections in the following terms :—

"*Medical and Dental Inspections.* The frequency of medical and dental inspections has not been prescribed. The duty upon authorities to carry out these inspections at appropriate intervals is stated sufficiently clearly in s. 48 (1) of the Education Act, 1944. Where this duty is carried out by means of *periodic general medical inspections*, they should take place during the first and last years of compulsory school attendance, and one other inspection either during the last year in the primary school, or the first year in the secondary school. It will also be desirable to inspect young children under five years as soon as possible after they begin school, and also during their last year at school pupils who stay at school beyond the age of fifteen.

School dental inspections should, as far as practicable, be carried out at least once a year, and treatment offered promptly to those who are found to need it. The Ministry's circular states, however, that "this is unfortunately at present possible only in a few areas owing to the shortage of school dentists."

The circular goes on to say that "Medical and dental inspections should take place in school whenever this is possible. The Standards for School Premises Regulations include a requirement that suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists, nurses and other professional workers in the School Health Service."

The circular—in my opinion very truly—points out that "the efficient conduct of the School Health Service depends above all on the close contact of doctors and nurses with the teachers, the parents and the children in the schools. They should be regular visitors, and the teachers should be encouraged to bring to their notice both those children who show particular defects and those whose general condition seems to indicate the need for an expert medical examination. There should also be close co-operation between the School Health Service staff and the children's general medical practitioners."

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school—this is to relieve some of the pressure on the larger secondary schools through which "the bulge" in the school population is passing).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined,and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or cases in need of re-examination.

The number of pupils examined at routine medical inspections totalled 32,588. For 1955 and for each subsequent year the corresponding figure has been 29,982; 27,734; 28,385; 30,520; and 33,394.

In the course of examining the 32,588 children at routine inspections, 5,087 children were found who required treatment for various conditions (15.6% of those examined). However, only 818 children were classed as being in an "unsatisfactory" physical condition (2.5% of the total number examined).

The percentage found to need treatment in 1960 (15.6%) may be compared with the following figures for successive years (starting with 1953):— 18.4; 17.3; 19.5; 18.1; 16.8; 18.9; 17.7. The last published figure for England and Wales (year 1959) was 15.76%)

The percentage of those whose "physical condition" has been considered to be "unsatisfactory," since this classification was introduced in 1956, are as follows :—

Year	% "*unsatisfactory*"
1956	2.72
1957	3.88
1958	2.57
1959	1.33
1960	2.51

(The last published average for the country as a whole was 1.14% for the year 1959).

The figures for 1960 have been "broken down" into Divisional areas, and are set out below. There are variations between the areas, but it must be borne in mind that the classification is a subjective one. It is not possible to say to what extent the variations are due to the personal factor when the figures are the result of examinations carried out by different medical officers.

Divisional Executive	*Physical Condition*	
	Satisfactory	*Unsatisfactory*
North-west	95.94	4.06
North-east	97.54	2.46
Mid-Derbyshire	99.77	0.23
South-east	93.94	6.06
South	99.27	0.73
Chesterfield	98.10	1.90
Whole administrative County ..	97.49	2.51

There is, of course, a wide gap between the 15.6% of children who were found to need treatment and the 2.5% regarded as "unsatisfactory." As mentioned in previous Reports, this is due to the fact that the defects recorded as requiring treatment cover a wide range, and are of varying degrees of severity. The presence of a defect does not necessarily result, therefore, in a child being regarded as of "unsatisfactory physical condition."

Vision. I have referred in previous Reports to an upward trend in the incidence of defective vision. The number of children referred for treatment for defective vision was almost 48 per 1,000 examined for the year 1947 ; this ratio gradually climbed during subsequent years to 96.9 in 1958 ; it dropped slightly (to 88.3) in 1959 ; and for the year under review the figure is 94 per thousand inspected.

The wide variation between figures from different Education Authorities show that there is likely to be a marked personal factor in recording of visual defects.

Figures from neighbouring authorities in 1957 are as wide apart as approximately 95 and 25 per 1,000 examinations. This problem was discussed in the Ministry of Education's publication "Health of the School Child, 1958," relating to the years 1956 and 1957.

Squint. Prior to 1952 cases of squint were recorded in about 9 or 10 out of every 1,000 children examined. Subsequently there was a gradual increase which reached 16.9 in 1955. The figures dropped in the two following years, but climbed again in 1958 and 1959, to 13.6 and 16.3 respectively. For 1960 the rate has fallen to 12.4 per 1,000.

Comment has been made nationally that "a greater awareness of the significance of minor ocular imbalance has led to the more frequent reference of children for treatment of squint."

Nose and Throat Defects. The rate per 1,000 of pupils thought to require treatment for nose and throat defects has varied during the few years prior to 1947 from 28 to 49. The figure for 1957 was only 13.32, but in 1958 it was 21.6. The figure for 1959 was 17.9 in 1960 it fell to 11.3. During the examinations at schools the School Medical Officers

have recorded the children seen at periodic medical inspections who have undergone tonsillectomy at any time previously. The figures in Derbyshire during 1960 were as follows :—

Groups Inspected	Numbers Inspected	Numbers and percentages found to have had tonsillectomy	
		No.	%
Entrants	11,012	538	4.8
Second age group ..	7,833	1,783	22.8
Leavers	17,622	1,758	9.9

SANITARY INSPECTIONS IN SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

In addition, the services of the County Public Health Inspector are utilised to inspect in particular the sanitary arrangements at schools and the hygienic arrangements in school canteens. These visits are "advisory" in nature ; the County Public Health Inspector gives advice on small matters directly to the teachers but more important matters are reported to the Principal School Medical Officer in the first instance, to whom, in any case, a report is submitted after each inspection. This is considered, and forwarded to the Director of Education with any necessary observations. The quality of the water supply is also investigated, and if necessary improvements are recommended. Special attention is paid to the rural schools. It should be noted however that the provision of water mains in the rural areas during the last ten years or so has resulted in wholesome water being brought to a number of schools, and as a consequence there are now very few not so connected.

Work has been, and is still being, continued under the programme (which was mentioned in my Annual Report for 1954) for carrying out improvements to the sanitary, cloakroom and washing facilities, as well as heating and lighting installations, where this is desirable at some of the older schools in various parts of the County.

Swimming Baths.

Although many of the schools include training for swimming in their curriculum, there is only one swimming bath in the County (outside Chesterfield Excepted District) for which the Education

Authority itself is responsible; this is the open air bath at Ashbourne. Pupils from many schools in the area use it and the facilities have been extended to youth and similar organizations, as well as to members of the public. In 1960 the attendance figure for school children was 20,551 out of a total attendance during the season of 26,232. From a health point of view, the standards attained at this bath are admirable. The bath is provided with a modern treatment plant which has proved reliable and of adequate capacity.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

Table "A" contains details of meals and milk provided on a day in September, 1960.

Source and Quality of Supply of Milk under the Milk-in-Schools Scheme.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation), and raw milks to the biological test (for tubercle bacilli). Any pasteurised milk which fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course. Canteen milk supplies are subjected to the same procedure.

Although there are fifty-eight suppliers of milk to schools there are only twenty-seven sources of supply, as many retailers buy their milk from the major pasteurising establishments. Nevertheless, all supplies of pasteurised milk are sampled at least yearly, whilst supplies of raw milk are sampled at least twice yearly for biological examination.

The following table combines figures of both school drinking milk and canteen milk supplies :—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	
Pasteurised ..	91	—	27	—	91
Tuberculin Tested ..	—	—	19	—	19

TABLE A

MEALS and MILK PROVIDED on a day in September, 1960

DIVISIONAL EXECUTIVE	CHILDREN PRESENT		MEALS PROVIDED				MILK PROVIDED			
	Numbers		Numbers		% of Numbers present		No. of Children		% of Numbers present	
	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
North-west ..	7,583	5,427	4,069	3,987	53.66	73.46	6,913	3,709	91.16	68.34
North-east ..	19,036	12,544	10,033	7,101	52.70	56.60	18,019	8,603	94.66	68.58
Mid-Derbyshire	9,081	7,520	3,555	4,410	39.15	58.64	8,210	4,686	90.41	62.31
South-east ..	9,371	7,442	2,880	2,443	30.73	32.83	8,894	4,640	94.91	62.35
South	12,104	7,818	5,526	5,398	45.65	69.05	11,152	5,060	92.13	64.72
Chesterfield ..	5,613	5,785	2,593	2,950	46.20	51.00	5,243	3,629	93.41	62.73
TOTALS—Whole Administrative County	62,788	46,536	28,656	26,289	45.64	56.49	58,431	30,327	93.06	65.17

The following Table shows the number of schools, including independent schools, supplied with milk on 31st December, 1960. The Education Committee endeavour at all times to obtain the highest grades of milk and it is encouraging to know that of 646 establishments, 640 receive pasteurised milk, and the remaining six, tuberculin tested milk.

Type of Milk	Divisional Executive												Totals—Whole Administrative County	
	North-west		North-east		Mid-Derbyshire		South-east		South		Chesterfield			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Pasteurised	105	98.13	166	100.0	107	99.07	85	100	133	97.79	44	100.0	640	99.07
Tuberculin Tested..	2	1.87	—	—	1	0.93	—	—	3	2.21	—	—	6	.93
Totals ..	107	100.0	166	100.0	108	100.0	85	100	136	100.0	44	100.0	646	100.0

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The following steps are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis:—

(i) *Teachers:* An X-ray examination is enjoined for teachers entering the profession; students completing training are X-rayed and the results made available to the College Medical Officer; teachers entering service otherwise than from College are X-rayed as part of their medical examination on appointment; and the attention of the teachers on the staff of the Authority has been drawn to the advisability of their taking advantage of the facilities provided by mass radiography units from time to time.

The Ministry's requirements are, of course, observed concerning the suspension from and return to duty of a teacher found to be suffering from respiratory tuberculosis.

(ii) *Staff other than teachers:* The Committee decided that full-time staff in the categories mentioned below should be required to undergo an X-ray examination on appointment; that the Ministry's rules concerning the suspension from and return to duty of a teacher suffering from respiratory tuberculosis be applied to them; and that their attention be drawn to the desirability of being X-rayed annually:—

Residential staffs of boarding schools and homes ; staffs of nursery schools ; clerical assistants ; welfare supervisors ; laboratory assistants ; caretakers ; school meals staff (except those at central kitchens).

It is customary for the Director of Education to send a Monthly Circular to all Schools, and this medium is used to keep the matter before the staff, at the same time giving details of the facilities available for free X-ray examinations (e.g. the whereabouts from time to time of the mass radiography units).

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. Applicants who are school pupils are generally examined by the School Medical Officer of the area in which they live. Applicants for admission after national service, or after a course of training not taken under the Training of Teachers Regulations, or mature entrants, who have had no recent connexion with the school health service, are examined by the School Medical Officer of the area in which they reside (which will often be the area in which they attended school).

The Minister of Education has said that it is not practicable to require an X-ray examination of the chest of all entrants to training (although, of course, an X-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined by the School Medical Officer of the appointing education authority. It is a requirement of the Minister of Education than an X-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College ; students completing training are X-rayed and the results made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers :—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools ..	387
Entrants to the teaching profession	126
X-ray examinations of entrants to the teaching profession and temporary teachers	159

INFESTATION WITH VERMIN

The Health Visitors and Teachers have, as ever, been mindful of the problem of cleanliness of children. The Health Visitors and School Nurses carried out 234,525 examinations and re-examinations of Derbyshire school children during the year, in the course of which they discovered 2,699 individual children to have either nits or lice in their hair (mostly nits). This is just over 2% of the school enrolment, which

is approximately the same figure as for the last three years. Ten years ago the Derbyshire figure was about 7%. As the Chief Medical Officer of the Ministry has said, this is essentially a family problem, and it is to be hoped that the continued efforts of the nursing staff and the long term effects of education will bring about a further reduction in this unpleasant and preventable condition.

(The Authority's scheme for cleanliness inspections was last described in detail in my Annual Report for 1953 and remains substantially unchanged).

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1960; a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

I. NUMBER OF SCHOOL CLINICS (*i.e.*, premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 29

II. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned above, either directly by the Authority or under arrangements with the Regional Hospital Board, for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (*i.e.*, premises) where such treatment is provided—	
	Directly by the Authority (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor Ailment and other non-specialist examination or treatment	28	—
B. Dental	26	—
C. Ophthalmic*	3	19
D. Ear, Nose and Throat ..	—	—
E. Orthopaedic	—	10
F. Paediatric†	—	—
G. Speech Therapy ..	26	—
H. Others (specify):— Sunray ..	2	—

*—Arrangements made with the Supplementary Ophthalmic Service are returned in column (2) and those made with the Hospital and Specialist Service in column (3).

†—Clinics for children referred to a specialist in children's diseases.

III. CHILD GUIDANCE CLINICS.

(1) Number of Child Guidance Clinics provided by the Authority—11.

(2) Staff of Clinics :—

	No. Employed by		Aggregate in terms of the equivalent number of whole-time officers	
	L.E.A.	Hospital Authorities	Employed by L.E.A.	Employed by Hospital Authorities
Children's Psychiatrists ..	—	2	—	1.6
Educational Psychologists ..	6	—	2	—
Psychiatric Social Workers ..	—	—	—	—
Paediatricians, Play Therapists, Social Workers, etc. (excluding Clerks) (specify):—				
Psychotherapist	1	—	0 9	—
Social Worker	1	—	0.66	—

*—The County Council pays two notional half-days' salary to the Hospital Authorities in respect of each of these two Psychiatrists.

Minor Ailments.

Table "B" shows the clinics at which facilities are provided for the treatment of minor ailments. Altogether, 850 children made 2,744 attendances.

The decline which has been noted during recent years in attendances for the treatment of minor ailments continued, and many clinics were not called upon to treat any minor ailments. However, most of the sessions when treatment is available are quite short, and are conducted by Health Visitors who are frequently attending the clinic premises for other purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers, it is possible to include the examination of special cases discovered at routine school medical inspections requiring more elaborate examination—(it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable). Immunisation against diphtheria is also available on demand as well as medical examination of children desiring to know if they are fit to undertake certain forms of employment.

TABLE B

Return of Minor Ailments treated at Clinics—Year ended 31st December, 1960

Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools													
			No. of Individual Children who attended during the year							Total Number of Attendances during the year						
			Divisional Executive						Total	Divisional Executive						Total
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	
Alfreton. Grange Street ..	Wednesday, a.m.	66	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ashbourne. St. Oswald's ..	2nd and 4th Wednesday, a.m.	24	–	–	–	–	4	–	4	–	–	–	–	28	–	28
Belper. Field Lane ..	2nd and 4th Monday and 1st, 3rd and 5th Saturday, a.m.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bolsover. Welbeck Road ..	2nd and 4th Thursday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Buxton. Bridge Street ..	Daily	140	22	–	–	–	–	–	22	31	–	–	–	–	–	31
Chesterfield. Brimington Road	2nd and 4th Friday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chesterfield Excepted District :— (*a*) Town Hall .. (*b*) Edmund Street, Newbold Moor	Daily, a.m. Monday and Thursday p.m.	350	–	–	–	–	–	317	317	–	–	–	–	–	1431	1,431
Chinley. Lower Lane ..	1st, 3rd and 5th Saturday, a.m. ..	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Clay Cross High Street ..	Saturday, a.m. ..	37	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Derby. Cathedral Road ..	Tuesday, p.m. and 2nd and 4th Saturday, a.m. ..	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dronfield. The Grange ..	Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Frecheville, Fox Lane	Saturday, a.m. ..	21	–	24	–	–	–	–	24	–	34	–	–	–	–	34
Glossop. Municipal Bldgs.	Daily, a.m. ..	238	287	–	–	–	–	–	287	1007	–	–	–	–	–	1,007
Hackenthorpe. Main Street ..	2nd and 4th Saturday, a.m.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Heanor. Wilmot Street ..	1st, 3rd and 5th Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ilkeston, Albert Street	Daily, a.m. ..	89	–	–	–	116	–	–	116	–	–	–	123	–	–	123
Long Eaton. 4, Nottingham Rd.	Saturday, a.m. ..	16	–	–	–	1	–	–	1	–	–	–	1	–	–	1
Matlock. Causeway Lane ..	Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Melbourne. Penn Lane .	Wednesday, a.m. ..	52	–	–	–	–	44	–	44	–	–	–	–	53	–	53
New Mills. High Lea Hall ..	2nd and 4th Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ripley. Derby Road ..	3rd Thursday, a.m.	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Shirebrook. Cliff House ..	Wednesday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Staveley. Lime Avenue ..	Monday a.m. and 4th Saturday, a.m.	32	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Swadlincote. Alexandra Road ..	2nd and 4th Wednesday	72	–	–	–	–	21	–	21	–	–	–	–	21	–	21
Totals	.. .. ..	1,162	309	38	–	117	69	317	850	1038	49	–	124	102	1431	2,744

Dental Work.

A statistical report appears in Part IV of the Appendix. Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report :—

"In common with the other local authorities of the Midlands, the difficulty of obtaining sufficient staff to provide a comprehensive service was the chief problem of the year. In the circumstances, the position was not completely gloomy, for the limited service that was given was efficiently carried out and the results a credit to the untiring efforts of the staff. The most important part of the work, preventive and conservative treatment, which has increased steadily over the last four years, reached its highest peak for over ten years, a no mean achievement, especially when it is realised that at any one time in that period the numerical strength of the staff only varied with narrow limits and that most are elderly.

For the greater part of the year, there were six whole-time and four part-time officers, an equivalent of 7 9/11ths, but by the end of the year this had been reduced to an equivalent of 5 5/11ths by the retirement of a whole-time officer and the transfer of a whole-time officer to another authority for domestic reasons. An officer who began early in the year in a whole-time capacity, reduced to part-time after six months and subsequently resigned to engage in general practice. Taken overall, throughout the year the staffing position was approximately 75% short of the estimated requirement to deal adequately with the school population and provide the service for pre-school children and expectant and nursing mothers.

As in previous years, the Authority maintained its efforts to increase recruitment, but the results were negligible. First class working conditions in pleasant surroundings, well equipped surgeries in modern premises are available, while several of the housing authorities are willing to assist where necessary. The attractions of general practice still have the greater draw, but there are indications that there may be a more even distribution in the future. When the great drift away from the school dental service occurred over the whole country, shortly after the introduction of the National Health Service, many warnings were given of the result of neglecting to establish the dental service on a firm footing by concentrating on the young end of the population and laying the foundation for dental fitness there.

The great inadequacy of the school dental service during the past ten years is now becoming sadly apparent. Children are losing their teeth by the hundreds of thousands every year. The school services in England and Wales in the four years 1956, '57, '58 and '59 were responsible for the extraction of almost 7,000,000 teeth and the fitting of 54,000 children with artificial dentures. In the same period, under the National Health Service, over 33,700 school children up to the age of 14 and 77,700 between 15 and 17 were fitted with artificial teeth, a staggering total of 166,000 youngsters all under 18 years of age, and the indications are that the number of young people who will require false teeth shortly after leaving school will be greater still.

Three factors appear to be involved :—

(1) The general shortage of dental man power and the overwhelming demands made upon the profession. Many parents complain that they cannot get a dentist to see a child without months on a waiting list.

(2) The inability of the school services to carry out the chief aim of all types of public health work-prevention.

(3) The great increase in dental decay among children associated with the greatly increased consumption of sugary and sweet, sticky foods.

The only logical method of dealing with the problem is the regular check-up and systematic treatment, beginning with the toddler and followed up throughout the years. This can only be done by an organised service, the conditions of which are such as to attract and retain staff to ensure the continuity which is so vital.

In the last three or four years some half dozen new clinics have been built and brought into use. The various sections have been designed for their particular requirements. Together with the waiting rooms, they are light, airy, nicely furnished, brightly and attractively decorated in eye-catching colours and it is of interest to report that many favourable comments have been made by parents on their cheerful appearance, which as far as the dental side is concerned would seem to mitigate somewhat the apprehension of the visit to that department.

Inspection. Some 23,800 children received inspections. This was approximately 20% of the school population. The total was made up of 18,200 inspections made at routine visits to school and 5,600 special inspections of children who attended the clinics as casuals for urgent treatment or for a six-monthly check-up. Increasing numbers of parents are now doing this with gratifying results. With regular attention, very little treatment and the minimum of time is required to keep the teeth in good order at any one time. In most instances, the school inspections showed that 75%—90% had defects. Offers of treatment were not always accepted and in not a few instances, 50% of the parents refused. This appeared to be due to indifference, as the children in question were not receiving attention from any other source. Where it was known that there was a family dentist and further treatment was due, advice was given to visit him again so that there would be more opportunities for those who depended upon the school service.

Treatment. 20,485 attendances were made by over 11,000 children for treatment, the principal items being 10,000 fillings and about 16,000 extractions, of which roughly 1/3 were permanent teeth. General anaesthetics were much used and there were 5,328 administrations of "gas" and oxygen.

Orthodontic treatment. Continued to make good headway and a considerable amount of this intricate work was undertaken. Seventy-eight new cases were begun during the year and fifty-four

continued from 1959. Satisfactory completion was effected in seventy-six cases. Nine discontinued treatment and at the end of the year there were fifty-two still in hand.

Denture work was about the same in amount as before. 103 children were fitted with false teeth, several requiring full or almost full dentures.

Health Education. In the 1959 report, mention was made of attemps to carry out educational work and spread knowledge on dental health, with the emphasis on prevention. This work was greatly intensified and developed into a Dental Health Campaign which covered the whole county. Much remains to be done, and it is planned to keep the educational work in continous operation. Talks were given and use was made of films, posters, leaflets and demonstration models. With the co-operation of the mid-wives, health visitors and school nurses, information was spread on the value of prevention from very early on in life.

The transport of material to the schools, enlisiting the interest and support of the head teachers was much simplified by the help afforded by the Director of Education, Mr. J. L. Longland, and his department and grateful thanks are expressed to him. Thanks are also due to the Deputy Superintendent Health Visitor, Miss Daybell, who enthusiastically took over the work of her predecessor of arranging and fitting up the displays and exhibitions and to Miss Fleay, who so ably assisted her and whose eye-catching notices and printing were no mean contribution to the joint efforts of all concerned.

One result of the campaign is that in quite a number of schools the practice of selling biscuits to eat with the mid-morning milk has been discontinued and in others attempts made to induce the children to finish the mid-day meal at school with some tooth cleaning food, such as an apple or piece of carrot.

In the past years, children in the special schools, children in the care of the authority and those in attendance at day nurseries and occupational training centres, have always had inspections and treatment and this was so once again."

Visual Defects.

Table 'C' shows the number of children who attended the eye clinics and the number of attendances. Treatment was provided at the Authority's eye clinics under two schemes as follows :—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attended three clinics and were paid on a sessional basis by the Authority, which recovered from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Nineteen of the Authority's eye clinics were conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

School children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service. In this connection, figures have kindly been provided by the Derbyshire Executive Council relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

Sunray Clinics.

During the year, 180 children made 1,723 attendances at the sunray clinics at the Town Hall, Chesterfield, and at Brambling House Open Air School, Chesterfield ; forty-four sessions were held.

Orthopaedic and Postural Defects.

Orthopaedic sessions, attended by Orthopaedic Surgeons employed by Regional Hospital Boards, were held at ten of the County Council's clinics. Table 'D' indicates the attendances made by school children, 567 of whom made 1,826 attendances.

TABLE C

Annual Return of work at Eye Clinics—Year ended 31st December, 1960

Eye Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools														
			Number of Individual Children Treated							Total Number of Attendances							
			Divisional Executive						Total	Divisional Executive						Total
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	
Alfreton. Grange Street ..	1st, 2nd, 3rd & 4th Wednesday, p.m...	34	–	–	420	–	–	–	420	–	–	446	–	–	–	446
Belper. Field Lane	4th Friday, a.m. ..	9	–	–	94	–	–	–	94	–	–	108	–	–	–	108
Bolsover. Welbeck Road ..	1st and 3rd Wednesday, a.m...	14	–	101	–	–	–	–	101	–	114	–	–	–	–	114
Buxton. Bridge Street ..	Each Monday a.m.	40	436	–	–	–	–	–	436	456	–	–	–	–	–	456
Chesterfield. Brimington Rd. ..	2nd and 4th Monday p.m. ..	10	–	131	–	–	–	–	131	–	157	–	–	–	–	157
Chesterfield Excepted District. Town Hall	Wednesday and Thursday, a.m. ..	71	–	–	–	–	–	714	714	–	–	–	–	–	1079	1,079
Clowne. Creswell Road ..	2nd and 4th Friday, a.m. ..	19	–	228	–	–	–	–	228	–	229	–	–	–	–	229
Derby. Cathedral Road ..	Each Monday, a.m.	43	–	–	9	–	525	–	534	–	–	9	–	591	–	600

The Grange ..	Wednesday, a.m. ..	14	–	119	–	–	–	–	119	–	132	–	–	–	–	132
Eckington. Godber Street ..	1st and 3rd Friday, p.m.	17	–	140	–	–	–	–	140	–	157	–	–	–	–	157
Frecheville. Fox Lane	2nd and 4th Wednesday, a.m. ..	16	–	154	–	–	–	–	154	–	165	–	–	–	–	165
Glossop. Municipal Bldgs. ..	1st, 3rd and 5th Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Hackenthorpe. Main Street ..	3rd Monday, p.m. ..	8	–	135	–	–	–	–	135	–	135	–	–	–	–	135
Heanor. Wilmot Street ..	5th Wed. p.m. and 2nd Friday, a.m. ..	14	–	–	–	164	–	–	164	–	–	–	179	–	–	179
Ilkeston. Albert Street ..	1st and 3rd Friday, a.m. ..	20	–	–	–	242	–	–	242	–	–	–	284	–	–	284
Long Eaton. Grange School ..	2nd and 4th Tuesday, a.m. ..	20	–	–	–	216	–	–	216	–	–	–	238	–	–	238
Matlock. Dean Hill House, Causeway Lane ..	1st and 3rd Friday, a.m. ..	21	5	–	215	–	–	–	220	5	–	238	–	–	–	243
New Mills. High Lea Hall ..	4th Tuesday, a.m.	10	83	–	–	–	–	–	83	93	–	–	–	–	–	93
Ripley. Derby Road	4th Wed., p.m. .	1	–	–	9	–	–	–	9	–	–	9	–	–	–	9
Shirebrook. Cliff House ..	1st and 3rd Friday, a.m. ..	13	–	203	–	–	–	–	203	–	218	–	–	–	–	218
Staveley. Lime Avenue ..	1st Monday, p.m. ..	5	–	44	–	–	–	–	44	–	53	–	–	–	–	53
Swadlincote. Alexandra Road ..	Alternate 2nd Thursday, p.m. .. every 4th Thursday	17	–	–	–	–	187	–	187	–	–	–	–	200	–	200
Totals	.. .. ..	410	524	1255	747	622	712	1248	4,574	554	1360	810	701	791	1079	5,295

TABLE D

Annual Return of Orthopaedic Work—Year ended 31st December, 1960

Orthopaedic Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools													
			Number of Individual Children who attended during the year							Total Number of Attendances during the year						
			Divisional Executive							Divisional Executive						
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total
Alfreton. Grange Street ..	Thursday, a.m. and p.m.	80	–	6	47	–	–	–	53	–	12	162	–	–	–	174
Buxton. Bridge Street ..	4th Friday, alt. months	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Derby. Cathedral Road ..	Thursday, a.m. and p.m.	88	–	–	–	–	128	–	128	–	–	–	–	447	–	447
Glossop. Municipal Buildings	2nd and 4th Tuesday, a.m. and p.m.	36	74	–	–	–	–	–	74	127	–	–	–	–	–	127

Heanor. Wilmot Street ..	Friday, p.m. ..	44	–	–	–	17	–	–	17	–	–	–	70	–	–	70
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m.	94	–	–	–	114	–	–	114	–	–	–	374	–	–	374
Long Eaton. 4, Nottingham Rd.	Friday, a.m.	45	–	–	–	28	–	–	28	–	–	–	161	–	–	161
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m.	72	7	–	36	–	4	–	47	13	–	126	–	11	–	150
New Mills. High Lea Hall ..	2nd and 4th Monday a.m. and p.m.	38	25	–	–	–	–	–	25	64	–	–	–	–	–	64
Swadlincote. Alexandra Road ..	1st and 3rd Tuesday, a.m. and p.m.	50	–	–	–	–	81	–	81	–	–	–	–	259	–	259
Totals	.. .. ..	547	106	6	83	159	213	–	567	204	12	288	605	717	–	1,826

HANDICAPPED PUPILS

The Handicapped Pupils and Special Schools Regulations, 1959.

The categories of "handicapped pupils" requiring special educational treatment are defined as follows in the above mentioned Regulations :—

(*a*) *blind pupils*, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight ;

(*b*) *partially sighted pupils*, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight ;

(*c*) *deaf pupils*, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language;

(*d*) *partially deaf pupils*, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils ;

(*e*) *educationally sub-normal pupils*, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools ;

(*f*) *epileptic pupils*, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils;

(*g*) *maladjusted pupils*, that is to say, pupils who show evidence of emotional instability or pyschological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment;

(*h*) *physically handicapped pupils*, that is to say, pupils not suffering solely from a defect of sight or hearing who by reasons of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools ;

(*i*) *pupils suffering from speech defect*, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment; and

(*j*) *delicate pupils*, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

HANDICAPPED PUPILS

The following is a copy of a return made to the Ministry of Education relating to Handicapped Children for the Whole Administrative County—Year 1960.

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		Epileptic	Speech Defects	Total (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
In the calendar year :—											
A. Handicapped pupils newly placed in Special Schools or Boarding Homes ..	2	4	6	5	49	15	89	41	3	–	214
B. Handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	4	4	4	2	50	21	164	46	2	–	297
On or about 20th January, 1961 :—											
C. (i) Number of Handicapped Pupils on the registers of special schools :											
1. Maintained :											
(*a*) Day Pupils ..	–	2	9	1	82	4	277	53	–	–	428
(*b*) Boarding Pupils ..	7	9	10	9	14	10	93	4	3	–	159
2. Non-maintained :											
(*a*) Day Pupi s ..	–	–	6	–	–	–	–	–	–	–	6
(*b*) Boarding Pupi s ..	4	3	45	1	27	9	2	6	5	–	102
(ii) On the registers of Independent Schools under arrangements made by the Authority	–	1	1	–	1	7	21	14	–	–	45
(iii) boarded in Homes and not already included under (i) or (ii) ..	–	–	–	–	–	–	–	31	–	–	31
Total (C)	11	15	71	11	124	30	393	108	8	–	771
On or about 20th January, 1961 :—											
D. Number of Handicapped Pupils receiving education under Section 56 of the Education Act, 1944:—											
(i) In hospitals	–	–	–	–	31	–	–	–	–	–	31
(ii) In other groups ..	–	–	–	–	–	–	–	–	–	–	–
(iii) At home	–	1	1	–	4	37	6	3	1	–	53
On or about 20th January, 1961 :—											
E. Number of Handicapped Pupils who were requiring places in special schools—											
(i) Total—											
(*a*) Day	–	–	–	–	3	–	171	1	–	–	175
(*b*) Boarding	7	6	2	2	4	22	43	5	–	–	91

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		Epileptic	Speech Defects	Total (1)—(10)
Included in the above totals :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(ii) Handicapped Pupils who had not reached the age of five—											
(*a*) awaiting day places	–	–	–	–	–	–	–	–	–	–	–
(*b*) awaiting boarding places	1	–	1	1	–	–	–	–	–	–	3
(iii) Handicapped Pupils who had reached the age of five but whose parents had refused to give consent to their admission to a special school :—											
(*a*) awaiting day places	–	–	–	–	1	–	8	–	–	–	9
(*b*) awaiting boarding places	–	–	–	–	–	–	2	–	–	–	2

F. The number of pupils on the registers of Hospital Special Schools on or about 20th January, 1961 was 53.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

The following is an analysis of the preceding Table in Divisional Executive Areas :

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		Epileptic	Speech Defects	Total (1)—(10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
North-west	A	1	1	1	2	5	3	11	6	–	–	30
	B	1	1	–	–	6	3	9	9	–	–	29
	C (i) (1) (*a*) ..	–	–	–	–	–	–	8	–	–	–	8
	C (i) (1) (*b*) ..	2	1	2	2	2	1	12	–	–	–	22
	C (i) (2) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	C (i) (2) (*b*) ..	–	1	3	–	4	1	–	3	1	–	13
	C (ii)	–	–	–	–	1	–	4	1	–	–	6
	C (iii) ..	–	–	–	–	–	–	–	4	–	–	4
	Total (C) ..	2	2	5	2	7	2	24	8	1	–	53
	D (i)	–	–	–	–	–	–	–	–	–	–	–
	D (ii)	–	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	3	4	3	–	–	–	10
	E (i) (*a*) ..	–	–	–	–	–	–	2	–	–	–	2
	E (i) (*b*) ..	1	–	–	–	–	4	6	1	–	–	12
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	1	–	–	–	–	–	–	–	–	–	1
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–	–
North-east	A	1	1	1	1	15	4	24	7	1	–	55
	B	1	–	1	2	13	6	32	7	–	–	62

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		Epileptic	Speech Defects	Total (1)—(10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
North-east	C (i) (1) (*a*) ..	–	2	7	–	8	3	114	5	–	–	139
	C (i) (1) (*b*) ..	2	1	5	3	5	1	17	1	1	–	36
	C (i) (2) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	C (i) (2) (*b*) ..	2	–	20	–	12	1	1	1	1	–	38
	C (ii)	–	1	–	–	–	2	4	3	–	–	10
	C (iii) ..	–	–	–	–	–	–	–	11	–	–	11
	Total (C) ..	4	4	32	3	25	7	136	21	2	–	234
	D (i)	–	–	–	–	9	–	–	–	–	–	9
	D (ii)	–	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	10	1	–	–	–	11
	E (i) (*a*) ..	–	–	–	–	1	–	61	–	–	–	62
	E (i) (*b*) ..	2	2	1	2	3	6	9	1	–	–	26
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	1	1	–	–	–	–	–	–	2
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–	–
Mid-Derbyshire	A	–	1	–	–	1	1	13	3	1	–	20
	B	–	1	–	–	1	2	68	4	1	–	77
	C (i) (1) (*a*) ..	–	–	1	–	1	–	10	–	–	–	12
	C (i) (1) (*b*) ..	1	2	1	–	1	2	28	–	1	–	36
	C (i) (2) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	C (i) (2) (*b*) ..	1	–	10	–	2	–	1	1	–	–	15
	C (ii)	–	–	–	–	–	2	3	1	–	–	6
	C (iii) ..	–	–	–	–	–	–	–	5	–	–	5
	Total (C) ..	2	2	12	–	4	4	42	7	1	–	74
	D (i)	–	–	–	–	–	–	–	–	–	–	–
	D (ii)	–	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	3	1	2	–	–	6
	E (i) (*a*) ..	–	–	–	–	–	–	65	–	–	–	65
	E (i) (*b*) ..	1	–	–	–	–	3	6	1	–	–	11
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	–	–	3	–	–	–	3
	E (iii) (*b*) ..	–	–	–	–	–	–	1	–	–	–	1
South-east	A	–	–	2	–	2	3	27	8	–	–	42
	B	–	–	–	–	2	–	16	7	–	–	25
	C (i) (1) (*a*) ..	–	–	1	1	1	–	59	–	–	–	62
	C (i) (1) (*b*) ..	–	2	1	–	1	1	17	–	–	–	22
	C (i) (2) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	C (i) (2) (*b*) ..	1	–	3	–	2	3	–	1	–	–	10
	C (ii)	–	–	1	–	–	1	1	5	–	–	8
	C (iii) ..	–	–	–	–	–	–	–	6	–	–	6
	Total (C) ..	1	2	6	1	4	5	77	12	–	–	108

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Speech Defects (10)	Total (1)—(10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
South-east	D (i)	–	–	–	–	10	–	–	–	–	–	10
	D (ii)	–	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	1	2	–	1	1	–	5
	E (i) (*a*) ..	–	–	–	–	–	–	21	–	–	–	21
	E (i) (*b*) ..	–	3	1	–	–	1	3	–	–	–	8
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	–	–	5	–	–	–	5
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–	–
South	A	–	1	2	1	6	3	12	7	1	–	33
	B	2	1	2	–	5	7	28	8	1	–	54
	C (i) (1) (*a*) ..	–	–	–	–	2	1	36	–	–	–	39
	C (i) (1) (*b*) ..	1	3	–	3	5	3	17	3	–	–	35
	C (i) (2) (*a*) ..	–	–	6	–	–	–	–	–	–	–	6
	C (i) (2) (*b*) ..	–	1	9	1	5	3	–	–	1	–	20
	C (ii)	–	–	–	–	–	2	3	3	–	–	8
	C (iii) ..	–	–	–	–	–	–	–	5	–	–	5
	Total (C) ..	1	4	15	4	12	9	56	11	1	–	113
	D (i)	–	–	–	–	11	–	–	–	–	–	11
	D (ii)	–	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	1	–	–	15	1	–	–	–	17
	E (i) (*a*) ..	–	–	–	–	–	–	15	–	–	–	15
	E (i) (*b*) ..	3	–	–	–	1	7	18	2	–	–	31
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–	–
Chesterfield	A	–	–	–	1	21	2	2	10	–	–	36
	B	–	1	1	–	23	1	10	11	–	–	47
	C (i) (1) (*a*) ..	–	–	–	–	70	–	50	48	–	–	168
	C (i) (1) (*b*) ..	1	–	1	1	–	2	2	–	1	–	8
	C (i) (2) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	C (i) (2) (*b*) ..	–	1	–	–	2	1	–	–	2	–	6
	C (ii)	–	–	–	–	–	–	6	1	–	–	7
	C (iii) ..	–	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	1	1	1	1	72	3	58	49	3	–	189
	D (i)	–	–	–	–	1	–	–	–	–	–	1
	D (ii)	–	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	1	–	–	–	3	–	–	–	–	4
	E (i) (*a*) ..	–	–	–	–	2	–	7	1	–	–	10
	E (i) (*b*) ..	–	1	–	–	–	1	1	–	–	–	3
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	1	–	–	–	–	–	1
	E (iii) (*b*) ..	–	–	–	–	–	–	1	–	–	–	1

I am indebted to Mr. J. L. Longland, the Director of Education, for the following comments concerning the figures relating to handicapped children :—

"*Ascertainment and placing during the year.*

		1959	1960
A.	Handicapped pupils newly placed ..	309	214
B.	Handicapped pupils newly ascertained	409	297
	Children receiving special education.		
C.	(i) On the registers of		
	1. Maintained Special Schools		
	(*a*) as day pupils	416	428
	(*b*) as boarding pupils ..	149	159
	2. Non-Maintained Special Schools		
	(*a*) as day pupils	8	6
	(*b*) as boarding pupils ..	101	102
	(ii) On the registers of Independent Special Schools	40	45
	(iii) Boarded in Homes	28	31
D.	(i) Being educated in hospital ..	41	31
	(ii) Receiving home tuition	37	53
	Totals ..	820	855
	Waiting List.		
E.	(i) Awaiting Admission—Day Schools	112	175
	(ii) Awaiting Admission—Boarding Schools	111	91
		223	266

The number of children ascertained as handicapped, and placed for the first time in a special school, was lower than last year. The figure for 1959, however, included the opening of the Ashgate Croft School and the number of children placed in 1960 was still 25% higher than any previous year apart from last year.

Though the number of children receiving special education continues to rise, the number ascertained is also so high that the waiting lists get no smaller. However, the total waiting list of 226 includes 214 E.S.N. children of whom 111 are waiting for places in new schools which are in the course of construction.

Each handicap is considered separately :—

Blind. Seven children on the wating list of whom four are aged six or under, one has in past attended a special school but is now awaiting admission to a further education establishment for the blind, and one has now had to be considered unsuitable for education.

Partially sighted. Six children waiting: one was only ascertained in the last four days of the year ; one is receiving home tuition.

Deaf. Only two waiting and one had been placed within a few days of the date of the return.

Partially deaf. Again only two waiting of whom one has since been placed.

Delicate. Seven children waiting. They will be rapidly placed. On average fifty delicate children are placed every year, many of them for quite short periods.

Physically Handicapped. A rather larger waiting list of twenty-two, but five have already been placed, five were only ascertained in the last two months of the year and should not have long to wait. Five are receiving home tuition.

Educationally Sub-Normal. As mentioned above this is the largest group : half of the 214 on the waiting list will be admitted to the John Duncan School (extensions opening at Easter 1961). The Delves Day School, Swanwick (new school opening in September 1961) and Breadsall Boys' Boarding School (which is also under construction).

The remainder are waiting for places in existing schools and a careful watch is being kept on the waiting list for the Ashgate Croft School, Chesterfield. The school was only opened last year and it would be premature to decide yet that the large demand for places there indicates a need for extensions, or another school, but there is a possibility that if demand continues at this level more places will have to be provided."

Special Reports.

(1) *Overseal Manor (E.S.N. Boys) Special Residential School.*—The following report has been provided by Dr. Malcolm Allan who regularly visits this school :—

> "I inspected each term and at other necessary times, and from my own observation most of the children improve mentally, and certainly physically, and the whole atmosphere of the school is most delightful."

(2) *John Duncan (E.S.N. Girls) Special Residential School.*—Dr. Kuttner has commented as follows :—

> "Teachers, Matrons and Domestic staff all work harmoniously together in giving every pupil at the school the security, interest and education he or she requires individually. The opening of a day-class this year for children of both sexes has been helpful and successful."

(3) *Talbot House, Glossop.*—Dr. M. Sutcliffe, the School Medical Officer who maintains regular and frequent contact with this School for children suffering from cerebral palsy, has reported as follows :—

> "During 1960 there were nineteen children in residence and two day pupils at Talbot House. In February and March a few suffered from upper respiratory disease and minor digestive upsets but there

were no serious infections. Three children spent several weeks in orthopaedic hospitals where further operative treatment was carried out. One of the two children who reached school leaving age returned home and found a temporary post in a bakery ; the other who was very severly handicapped was admitted to a long-stay hospital.

Hydrotherapy, recommended by the visiting physician, started in May at the Devonshire Hospital, Buxton, and continued until the end of November. The children who were taken regularly in groups of six received individual attention which was of great benefit in increasing their confidence. They were taught to relax in a soothing medium where they acquired a freer and wider range of movement."

Mrs. Diana Hurst, the Speech Therapist who attended Talbot House School, has reported as follows :—

"From January until March, 1960, four sessions per week were conducted at Talbot House, and from June until December, two sessions per week. The children have all continued to work well, and have shown steady improvement. Of the five children who have been seen regulary throughout the year, three have now acheived clear and easily intelligible speech, while of the other two, one still has considerable difficulty in making herself easily understood, and one, though often unintelligible at present, is making very satisfactory progress and should improve considerably over the next year or two. At the end of October, two new children were admitted to the school, both of whom received speech therapy. They have both made an encouraging start and have settled down well to their treatment.

The children all seem to try hard with their speech, and most of them appreciate the need for a consistently high standard of effort. In this connection they receive much helpful encouragement from all the other staff."

(4) *Stretton House Hostel.*—Dr. John has made the following observations :—

"I can only give a brief account of this hostel as I have only attended there for the past term. The atmosphere in the hostel is homely and welcoming. It is well equipped with table tennis, etc., and comfortable with welcoming fire, small dormitories, etc.

The physical health of the boys is in the main good—one small boy gained a considerable amount of weight in only a few weeks when removed from his home environment and given an adequate diet. Physical defects were, however, found in more than one case, in fact a case of bilateral Perthe's disease of the hip was found which required hospital treatment. A case of jaundice occurred and towards the end of term an epidemic of mumps occurred and a number of boys were sent home.

The atmosphere at Stretton House is such that in a mentally healthy atmosphere away from home stresses the maladjusted boy has a good chance to find his feet."

Cardiac Register

During 1957, a Medical Officer of the Ministry of Education suggested that in order to obtain a record of the incidence of cardiac defects over a number of years, a "cardiac register" should be established by the Authorities in the North Midlands Division, which is ideally suited to this purpose geographically because four of the counties have a hospital centre in the County Town which is in each instance the only County Borough, to which centres cardiac cases would naturally be referred for a consultant's opinion. If all the Authorities agreed to participate the investigation would cover some 550,000 school children and in size alone should be of major importance.

The investigation consists of the observation of organic heart disease (rheumatic and congenital) and should give useful evidence relating to the alleged decline of rheumatic heart disease and provide a pool of knowledge in regard to congenital heart disease which would prove useful as further developments appear in cardiac surgery. If a School Medical Officer discovers abnormal cardiac physical signs during his examination of a pupil he may decide that the signs are "innocent," in which case no further action is called for. He may, on the other hand, decide that the signs merit further investigation. In the majority of cases such children will ultimately obtain the opinion of a cardiologist or paediatrician as to the probable diagnosis. Where this opinion favours an organic cause (it cannot always be definite) the child's name is to be included in the cardiac register. Such children are to be subject to at least an annual special medical examination.

The Ministry feels that as regards rheumatic heart disease this investigation will afford an opportunity for studying the general incidence, relapse rate, ultimate state on school leaving, and the relationship of relapses to school streptococcal infections. As regards congenitial heart disease, beside the usual data to be expected from a survey, there is the relationship to maternal infections, and their epidemiological features. An assessment will be made of the child on leaving school and the information will of course be useful in giving any necessary advice in relation to future employment.

At the end of 1960 there were fifty-three children on this register, the diagnoses being as follows :—

1.	Patent ductus—ligated	3
	Mitral stenosis	1
2.	Pulmonary stenosis	2
3.	Pulmonary stenosis with ventricular septal defect	1
4.	Pulmonary stenosis with atrial septal defect	2
	Aortic stenosis with atrial septal defect	1
5.	Interventricular septal defect	6
6.	Atrial defect	3
	Atrial septal defect with heart block	1
	Patent Foramen ovale	1
7.	Interventricular septal defect with partial bundle branch block	1
8.	Co-arctation of aorta—operated	1
9.	Fallot's tetralogy (1 had Blalock's operation)	2

10.	Mitral incompetence	—
	Rheumatic infection	6
	Others (all congenital)	22

Of the above, fifty-one attended ordinary schools, one receiving home tuition, and one is not attending school at present.

Dyslexia.

During the year a communication was received from the Ministry of Education referring to the fact that there has long been controversy whether some children have a specific reading disability due to a form of word blindness. Apparently a number of neurologists and paediatricians are convinced that there is such a condition, but Psychologists tend to be unconvinced. There is usually an associated difficulty in writing that is characterised by curious spelling mistakes that have been persistent into adult life. Some of the children write upside down or sideways or in mirror fashion. They may also read books upside down. One of the Ministry's Medical Officers is studying the subject and the Ministry asked to be informed of children suspected of having this defect. The School Medical Officers and Educational Psychologists have been consulted and the Ministry were provided with a list of about a dozen children in this County who might merit further investigation. An investigation of this nature, of course, may take a considerable time.

The Medical Examinations (Sub-normal Children) Regulations, 1959.

These Regulations prescribe the qualifications required of medical officers undertaking the examination of pupils to ascertain whether they need attention in a special school for educationally subnormal pupils, or whether they are suffering from such a disability of mind as to make them unsuitable for education at school. It is prescribed that medical examinations for the foregoing purposes shall be conducted by a duly qualified medical practitioner possessing one of the following special qualifications :—

"(*a*) *he shall be a practitioner whose employment was approved by the Minister under regulation* 11 *of the School Health Service and Handicapped Pupils Regulations*, 1953; *or*

(*b*) *he shall be a psychiatrist working in a child guidance clinic; or*

(*c*) *he shall—*

(i) *have assisted for a period of at least six months in the conduct of medical examinations of the kind to which these regulations apply by a practioner entitled to conduct them under these regulations: and*

(ii) *he shall have attended, at one of the following universities namely, Durham, Glasgow, Leeds, London or the Queen's Universities, Belfast, the post-graduate course of instruction in the ascertainment and treatment of children suffering from the disabilities described in regulation* 2, *or some equivalent course approved by the Minister for the purpose of these regulations.*"

Children unsuitable for education at school, and school leavers requiring care from Health Authorities.

In September, 1960, the Ministry of Education issued Circular 12/60 on this subject. The circular referred to certain changes in the law relating to children who suffer from a disability of mind which

makes then unsuitable for education at school, brought about by the coming into operation on 1st November, 1960, of parts of the Mental Health Act, 1959, which amended the Education Act, 1944. Their effect is "broadly to extend the rights of parents, to alter legal procedure in some respects, and to simplify some of the administrative arrangements."

A decision by the Education Committee to "report" a child to the Local Health Authority is to be regarded not only as a negative decision that the Education Authority cannot educate the child, but also as a positive step to enable the Health Authority to make or arrange for more suitable provision. The parents of a child who has been found to be unsuitable for education will have a right to appeal to the Minister of Education against the decision to "report" the child, and may also request the Authority, not more than once a year, to reveiw their decision.

The Mental Health Act repealed the subsection of the Education Act under which the Education Committee had hitherto reported to the Health Committee individual children who were thought to need supervision, after leaving school, on account of mental disability. The Ministry's circular pointed out, however, that it is desirable for local education authorities to pass to local health authorities information on school leavers who they think will require care or guidance, and pointed out that "Without adequate support and help many school leavers who are mentally handicapped cannot surmount the problems which will confront them in their working life."

During the year under review the following numbers of pupils were "reported" by the Education Authority to the Local Health Authority :—

Divisional Executive	As being unsuitable for education		As requiring supervision after leaving school	
	Boys	Girls	Boys	Girls
North-west	4	2	—	—
North-east	10	6	—	—
Mid-Derbyshire	7	—	—	—
South-east	5	7	—	—
South	10	4	—	—
Chesterfield	—	—	2	1
Totals ..	36	19	2	1

Malajusted Children

The arrangements for treating maladjusted children have been strengthened during the year under review. Until 8th August, 1960, under arrangements with the Sheffield Regional Hospital Board, Dr. D. J. Salfield, a Consultant Children's Psychiatrist, treated patients in the

part of the administrative County which lies within the area of that Board. Informal arrangements also existed by which patients living in the part of Derbyshire within the area of the Manchester R.H.B., were referred individually to the Consultant Children's Psychiatrist for that Region to see if treatment could be arranged. However, following representations made by the County Council, it is pleasing to report that the Boards agreed to employ two Consultant Children's Psychiatrists, each for 9/11ths of whole-time, the County Council in each case paying 2/11ths of their respective salaries. On 8th August Dr. F. G. Thorpe, M.B., B.Ch., D.P.M. commenced to serve in this County as the second Consultant Children's Psychiatrist. The following broad programmes were approved, which it will be noted include visits to hospitals, hostels and special schools, as well as the County Council's child guidance clinics :—

	No. of notional half-days a week
Dr. Salfield :—	
"Main"Clinic—County Council Clinic, Cathedral Road, Derby .. .. "Subsidiary" Clinics—Ilkeston; Ripley; Swadlincote..	6
Derbyshire Royal Infirmary	1
Derbyshire Children's Hospital	1
The Pastures Hospital ; Bretby Hospital ; Overseal Manor (E.S.N. Boys') Residential Special School; Brackenfield Day Special School (E.S.N.). Long Eaton; The Delves Day (E.S.N.) Special School, Swanwick (when opened); Stetton House Hostel	1
	9
Dr. Thorpe :—	
(i) Sheffield R.H.B. area— "Main" Clinic—Brambling House, Chesterfield; "Subsidiary" Clinics—Hackenthorpe; Matlock; (and Clowne and Eckington by appointment); Holly House Hostel; Stretton House Hostel; Brambling House Open-Air School and Children's Centre; Ashgate Croft (E.S.N.) Day Special School; Chesterfield Royal Hospital ..	7
(ii) Manchester R.H.B. area— "Main" Clinic—Buxton; 'Subsidiary" Clinic—Glossop; John Duncan (E.S.N. Girls') School	2
	9

The staff of Educational Psychologists (who serve partly in the Schools Psychological Service and partly in the Child Guidance Service) has also been increased—in 1959 we had the services of five officers ; in 1960, seven officers.

In October, 1959, a Psychotherapist was appointed, and authority has been given to appoint a second Psychotherapist.

The establishment authorises the appointment of four Psychiatric Social Workers, but notwithstanding repeated efforts it has not proved possible to recruit their staff. At present we have the services of only one part-time Social Worker.

Dr. Salfield has provided the following report :—

"The work of the Child Guidance Service in the past year has been similar in scope to last year.

This particular report deals with the whole area up to the time a second Consultant Psychiatrist, Dr. Thorpe, took up duties on the 8th August, 1960, for the Northern part of the county, and with the southern part of the county only since that date.

In spite of the fact that staff has not increased since the last report and that from the 1st October the psychiatrist has devoted only nine sessions per week (which includes hospital work, etc.) the number of new cases, interviews, etc., has sharply increased, which is all the more noticeable if the numbers dealt with since the 8th August by Dr. Thorpe are added to the ones given here. This expansion of the work is a most encouraging sign as such, but it obviously has also taken to mean that each case must have received perhaps less attention than desirable and that considerably more staff should be desirable. In this connection the continued absence of a psychiatric social worker has to be greatly regretted.

Whilst co-operation with the various agencies interested in malajusted children, (S.M.O.'s, G.P.'s, Probation Officers, Children's Officer, etc.) have been generally speaking maintained, it could not be claimed that it has been improved at all, due to the lack of time. Although regular, if infrequent, staff meetings have taken place, more consultation within the Child Guidance Service and with other workers in this and allied fields, would frequently iron out difficulties and increase our understanding of the case, and consequently its handling, but again the time factor weighs heavily against us in this respect.

A great gap in our services continues to be the facilities enjoyed in some other regions for observation and treatment of children that need to be in-patients, apart from the only occasionally serviceable facilities in Bretby Hospital which is, by nature of the ward in which the psychiatrist has the use of beds, restricted to the very mild behaviour and psychosomatic disorders. We feel that perhaps still closer contact and consultations between the authorities concerned, i.e. School Medical Officer, County Mental Health Service, the Education departments and the Regional Hospital Board, might after all overcome the hurdles in the way of establishing such a unit.

It is hoped that the striking increased number of referrals by G.P.'s and decreased number of referrals by S.M.O.'s, both absolute and relative numbers, reflects an increased interest and trust in our service by the G.P.'s and not the reverse in the case of the S.M.O's.

We continue, as usual, to enjoy the interest of the Principal School Medical Officer and his staff, for which we are continually grateful, and whose value we appreciate. I should like to mention particulary the enthusiastic co-operation and friendliness, as well as great interest and understanding shown to us by Dr. Corrigan."

The following report has been received from Dr. Thorpe :—

"Since my appointment in August the Child Guidance Service of the County has been divided into two teams covering the North and South of the County respectively. This has naturally meant that the scope and extent of the work has been considerably increased and that new Clinics are being created in areas where previously no

Child Guidance Service was provided. In the North of the County we have extended into the North West, in particular to that part which lies in the area of the Manchester Regionald Hospital Board, and regular Clinics are now held in Buxton and Glossop. I would like to take this opportunity of thanking all concerned for the hospitality shown to us and the friendly way in which we have been received. Until the new Clinic in Buxton is provided, however, there is little hope of doing intensive psychotherapy, but the great need for diagnostic assessment and supervision of cases is being met. In addition, regular visits to the John Duncan School are proving rewarding to everyone concerned. The lack of a Psychiatric Social Worker limits the amount of casework we are able to do, but this deficiency appears to be an almost universal experience at the moment, as most P.S.W.'s are very reluctant to move away from the teaching centres.

In the North East, the Hackenthorpe Clinic continues to flourish on much the same pattern as last year and there is always a constant demand from the School Health Service for cases to be seen in this particular area. A Clinic has also been started in Matlock, but, as yet, the demand for cases to be seen hasn't justified a regular Clinic day. It is hoped that next year a weekly Clinic may be started, but the lack of suitable accommodation is again a difficulty.

A proportion of the work of the North East is carried out at Brambling House, Chesterfield, which is rapidly becoming the headquarters of the "Northern team." This is mainly due to the more adequate Clinical facilities provided at Brambling House and also because it is the only location where secretarial help is rapidly available. As I now spend five half-days a week at this Clinic, the caseload is increasing rapidly. Not only are more diagnostic interviews being carried out, but time is now available for regular psychotherapy by the Child Psychiatrist. It is also of interest that increasing numbers of cases are being referred by the Probation Department and Juvenile Courts for psychiatric reports. This I find most encouraging, as I have always felt that the Probation and Child Guidance Services should work in close unison, as so many juvenile offenders are in need of psychiatric help.

Weekly conferences are now held at Brambling House and are proving most helpful to all concerned. The need for a regular time when the entire team can get together and discuss cases and Clinic problems has always been realised. These conferences are now fulfilling that need and it is hoped the scope of the meeting will be considerably enlarged during the next year. Periodic meetings are held between the North and South when we usually discuss some topic of Clinical interest, and these also are of great value. The Authority's Hostels have been visited, but most of my own time has been devoted to Holly House, as Dr. Salfield has most of the children at Stretton House under treatment and it is not therapeutically advisable to break continuity at this point.

We appreciate the way in which the Principal School Medical Officer and his staff look after our interests and express our thanks for their kind co-operation during the past year."

Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	
(1) Cases Closed during 1960 :—						
(i) Adjusted	–	4	1	2	1	8
(ii) Improving	–	–	–	1	3	4
(iii) Unadjusted	–	–	1	2	1	4
(iv) Miscellaneous	–	–	–	1	2	3
(v) Diagnostic and advice only	–	–	–	–	–	–
Totals	–	4	2	6	7	19
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
Psychiatrist—						
(i) Making satisfactory progress	–	–	3	4	4	11
(ii) Some improvement ..	–	–	4	3	4	11
(iii) No improvement	–	–	2	2	2	6
Totals	–	–	9	9	10	28
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	–	–	6	10	11	27
(ii) Some improvement ..	–	–	4	15	20	39
(iii) No improvement	–	–	6	3	8	17
(iv) Diagnostic and Other ..	–	–	17	37	20	74
Totals	–	–	33	65	59	157
(4) Cases Recently Opened ..	2	–	8	7	6	23
(5) SUMMARY :—						
(i) Number of "current cases"	16	49	86	124	116	391
(ii) Number of "closed cases"	–	4	2	6	7	19
Total Number of Cases dealt with during 1960 ..	16	53	88	130	123	410
(6) Number of Cases on Waiting List for first interview as at 31st December, 1960 ..	–	–	2	2	2	6

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	
(7) Psychiatrist's Interviews with Patients	–	32	60	84	90	266
Psychiatrist's Interviews with Parents	1	40	110	138	173	462
Psychiatrists' Visits :—						
(i) to Schools	–	–	–	–	–	–
(ii) to Homes	–	–	–	3	1	4
(iii) to Institutions	–	–	40	–	25	65
Total number of siblings of patients seen	–	–	–	–	–	–
Number of Interviews with Probation Officers, Social Workers, etc.	–	1	6	4	2	13
Number of Reports to Magistrates	–	–	1	–	4	5
(8) Educational Psychologists' Visits :—						
(i) to Schools	–	5	34	96	32	167
(ii) to Homes	–	–	5	12	7	24
Number of Child Guidance Cases tested	–	3	40	58	76	177

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officer	33
Private Doctors	53
Hospitals	11
Teachers	33
Courts and/or Probation Officers	3
Others	18

Speech Therapy

The establishment authorises the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one mainly at Talbot House Special School). I have referred in recent Annual Reports to a shortage of Speech Therapists. At the beginning of 1958 we had the service of six whole and two part-time Officers. Unfortunately, the position has gradually deteriorated, and at the end of 1960 we had the services of only two part-time Officers, both of whom left our service on the last day of the year for domestic reasons. The shortage of Speech Therapists appears to have been general in the midlands and the north of England, as will be seen from the following reference to this problem in the Report of the Chief Medical Officer of the Ministry of Education for 1958 and 1959, where it is mentioned that most "areas in southern England had no difficulty in obtaining Therapists . . . Some rural, and northern and midland industrial areas, and some in Wales, however, had been without Therapists for years and had no replies to repeated advertisements . . . In November 1958, all principal school medical officers were asked how many additional Therapists their Authorities would employ if there was no shortage of applicants. The replies showed that at that time the equivalent of 362 whole-time Therapists were employed by local education authorities, and that 123 more were required. Ordinarily, with eighty students qualifying annually, it would be reasonable to expect this deficiency to be made good in a few years at most ; but early marriage among the Therapists upsets all reasonable calculations."

The following reports have been received :—

Mrs. Diana Hirst :

"From July until December 1960, one session per week has been conducted at the County Clinic, Municipal Buildings, Glossop, and most of the cases who urgently required treatment have been seen regularly. Owing to the short time at my disposal, school and home visiting have necessarily had to be cut out and there are a few cases of a minor nature who have had to make do with occasional visits for advice instead of regular treatment. But on the whole, the parents and teachers have been most helpful and co-operative, and attendance has been good."

Mrs. Marsh :

"Treatment has been carried out at Cathedral Road Clinic for three days weekly throughout 1960. The staff shortage continues, and many mothers who have no hope of getting treatment for their children locally have travelled in to Derby from places as far distant as Swadlincote, Wirksworth, Ashbourne and Ilkeston. Some have made the journey regularly, and others have attended occasionally for advice. The results of treatment have been good and sixty children have been discharged with normal or near-normal speech, from a total of sixty-seven discharged patients. There remain thirty-six current cases and forty-four waiting list patients, many of them urgently in need of treatment, who will be left without speech therapy when my resignation comes into effect on December, 31st, 1960."

SPEECH THERAPY	Divisional Executive			
	North-west	Mid.	South-east	South
(1) Number of Patients who received Treatment during the year :—				
New Cases—				
Stammerers	1	–	–	1
Articulation Defects ..	3	2	1	–
Other Speech Disorders ..	–	–	–	2
Old Cases—				
Stammerers	4	–	–	8
Articulation Defects ..	4	4	3	48
Other Speech Disorders ..	1	1	3	8
Total Number of Individual Patients	13	7	7	67
Total Attendances for Treatment	108	30	140	674
(2) Results of Treatment of Cases seen during 1960 :—				
Cases Closed :—				
Stammerers—				
Cured	–	–	–	1
Improved	1	–	–	8
Not improved	–	–	–	–
Discontinued for various reasons	8	–	–	1
Articulation Defects—				
Cured	4	4	2	36
Improved	–	–	–	7
Not improved	–	–	–	–
Discontinued for various reasons	17	–	2	3
Other Speech Disorders—				
Cured	–	–	–	1
Improved	–	–	–	1
Not improved	–	–	–	–
Discontinued for various reasons	30	–	–	1
Total number of Cases Closed	60	4	4	59
Cases Still Under Treatment—				
Stammerers	4	–	2	2
Articulation Defects ..	3	3	2	18
Other Speech Disorders ..	1	1	3	5
Cases seen once for initial examination and advice only.. ..	3	7	5	32
Total Number of Cases already seen, Carried Forward to 1961	11	11	12	57

SPEECH THERAPY	Divisional Executive			
	North-west	Mid	South-east	South
(3) Number of Patients Waiting to be seen for the first time, as at 31st December, 1960	–	–	–	–
(4) Visits :—				
To Schools	–	–	–	1
To Homes	–	–	–	–
(5) Number of Interviews with Parents	21	17	22	140
(6) Total Number of Sessions conducted at Clinics	22	–	–	273

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 515 pupils desiring to undertake part-time employment, and a certificate of fitness was given in every instance.

PREVENTIVE INOCULATIONS

Details are given in my Annual Report as County Medical Officer of Health of various schemes for providing preventive inoculations against several diseases. These schemes come under the jurisdiction of the County Health Committee, as the services are provided under Part III of the National Health Service Act. However, since school children derive much benefit from them it is fitting to refer briefly to them here, particulary as the help and co-operation of Teachers is of great value to this aspect of the health services.

The arrangements for providing the inoculations continue on the lines which have been outlined in earlier Reports. The conditions against which protection is offered are as follows :— diphtheria, poliomyelitis, smallpox, tetanus, tuberculosis and whooping cough.

The numbers of children between five and fifteen years of age who were immunised against diphtheria, smallpox, tetanus or whooping cough were as follows :—

	Primary Immunisations	*"Booster" Doses*
Diphtheria	2,657	10,574
Whooping Cough	720	—
Tetanus	46	13
Smallpox	130	44

In February, 1960, vaccination against poliomyelitis was made available to all persons who had not, at the time of their application, attained the age of forty years and a few special groups.

During 1960, 31,834 Derbyshire patients were given two injections against poliomyelitis and 100,661 received their third injections. From the inception of the scheme in 1956 up to 31st December, 1960, the total number in this County who had received two injections was 208,185 and of these 177,602 had received three injections.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis. The object of this form of vaccination for schoolchildren is to provide them with some protection against tuberculosis when they leave school and are more likely to come into contact with the disease. Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supply the materials for skin testing and the actual B.C.G. The School Medical Officers carry out this work and it is essential they be trained in the technique of the procedure. The County Health Committee has therefore sactioned them attending approved courses of instruction. The scheme came into operation to a limited extent towards the end of 1957, and at that time it was confined to children between thirteen and fourteen years of age. In 1959 the Ministry of Health approved an extension of the scheme to children of fourteen years of age and over, and to students attending Universities, Teacher Training Colleges, Technical Colleges or other Establishments of further education. The scheme is expanding and the following figures give details of the numbers dealt with during 1959 and 1960 :—

	Schools		Establishments of further education	
	1959	1960	1959	1960
Number of schools or establishments further education	68	79	—	3
Number of children or students offered B.C.G. vaccination	8,389	12,777	—	117
Number of children or students whose parents gave consent and who skin tested	5,465	8,752	—	64
Number found "positive"	1,251	2,043	—	34
Number found "negative"	4,139	6,480	—	30
Number vaccinated with B.C.G. ..	3,989	6,369	—	30

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers :—

Dr. JULIA CORRIGAN, the Senior Medical Officer for the School Health Service and for Health Education :—

"**Liaison with Consultants in Hospital.** Liaison with consultants in hospital has been very good indeed, both in requests by them for special education, transport or other provision for their patients, or in examining children for us about whom we may be worried.

Infectious Diseases. There was a small outbreak of mumps during the year. Of course this illness always means that the child will be a long time off school. Although there were not many notified cases of scarlet fever we had a number of streptococcal sore throats. The school doctors have been worried that this illness may be entering one of its periods of severity as there have been some complications. One of the doctors is carrying out an investigation into albuminuria in one of the schools where there has been rather a heavy outbreak.

Deafness. Arrangements are being made to have all the health visitors receive training in early detecting of deafness in very young children. Children to be tested are the population at "risk," which will be about 20% of the children born each year. There will be two tests, one at about six months and one when the child is just over a year.

Health Education. We received very good co-operation from all the schools in our health education programme. All the schools took part in the dental health campaign. The talks and leaflets to the older girls on hygiene and grooming were very popular. The number of requests for the film about the connection between smoking and lung cancer increased slightly but is still disappointing.

Cleanliness. Last year we introduced a new treatment for all schools. Although the figures show that there is still a small percentage of infested children in our schools, we are confident that when the campaign is working fully this difficulty will be overcome. The hygiene inspections carried out by the health visitors in senior schools are much more than merely looking for infestation. They teach cleanliness and grooming and give advice on personal problems to individual girls who may seek it.

Talbot House. The school for Spastics at Talbot House, Glossop, began an experimental year of hydrotherapy treatment at the Devonshire Hospital, Buxton. This was arranged by Dr. Griffiths, Consultive Paediatrician to the School. Early indications show that it should be a great success."

Dr. M. SUTCLIFFE (Part of N.W. Division) :

"*The general health and well-being of the children :* The majority of the children seen at school medical inspections are healthy, happy, confident, and energetic. The improved standards of living and the increasing knowledge of nutritional needs during recent years have contributed to their generally satisfactory condition but have had no effect on the poor state of their teeth.

The physical condition of the children : There was little change from last year in the classification of the children, only a small proportion being placed in the unsatisfactory group. Children in this group are kept under regular supervision either at the Minor Ailment Clinic or during subsequent visits to the school and are referred, when necessary, to general practioners for any treatment or investigation which is likely to benefit them.

It is pleasing to report a decrease in the number of verminous children found in the schools, 5.5% in 1960 compared with 7.2% in 1959. Whether the improvement is the effect of years of health education is difficult to decide as many of the persistently verminous have now left school. The final result of the health visitors teaching will not be known until the next generation is seen in the schools. Four cases of impetigo and one of scabies were treated at the clinic.

School meals; the milk-in-schools scheme : On a given day in October 45.09 per cent of pupils in attendance at school had school dinners compared with 43.94 per cent. in 1959. The meals are adequate in amount, well cooked and varied, but they inevitably lose some of their appetising taste and appearance during transit from the Central Kitchen to the different schools.

On a given day in October 83.1 per cent. of the pupils participated in the milk-in-schools scheme, compared with 86.59 per cent in 1959. There is almost a one hundred per cent acceptance amongst the infants but the older children give several reasons for refusing milk such as :—they do not like the taste of it, it is fattening, or it spoils the appetite for the mid-day meal.

The hygienic conditions of schools : Some improvements in the hygienic conditions of schools have been made during the year but in the older buildings only slow progress can be expected. Lighting and ventilation are reasonable in most classrooms but there are a few schools which are cold and draughty in winter.

Infectious diseases : The widespread epidemic of mumps in the primary schools in February and March severely affected the attendance figures. The first few cases were reported during the third week in January. From this time there was a rapid increase in the number of children affected which reached a total of three hundred and twelve. There were thirty-five cases of chickenpox in the primary schools in June and July, but no infectious disease was notified from the secondary schools.

Work of special interest : During the past few years there has been a marked fall not only in the incidence of whooping cough but also in the dangerous complications such as bronchitis and

bronchiectasis which cause a high mortality and morbidity in infants. It is not yet possible to say how much of the change in the epidemiological pattern is due to the widespread vaccination programme but there is evidence to show that there is a reduced attack rate in those vaccinated. During the examination of entrants to primary schools in the last three years it was noted that twenty-five per cent were stated to have been protected against whooping cough in infancy. In eleven per cent of these the vaccine failed to give complete protection and the children contracted the disease but with three exceptions it was of a very mild type and not followed by serious complications. Of the unvaccinated children, thirty-three per cent were stated to have suffered from the disease which followed the usual course. Although complete immunity cannot be guaranteed parents attending the clinics are strongly recommended to have their children protected, preferably at an early age, with one of the vaccines of standardised potency now available.

Immunisation procedures : (i) Immunisation against *diphtheria* was continued actively at the clinic throughout the year when 112 children received primary courses and 104 re-inforcing doses. Although there has been no decline in the acceptance rate for primary immunisation, some parents neglected to maintain their children's immunity at a high level until an outbreak of a dangerous type of the disease was notified in another part of the County in September. The result was a greatly increased demand in October, when fifty-five children were given re-inforcing doses compared with forty-nine for the rest of the year.

(ii) *Whooping-cough vaccination :* There was a decline in the number of children vaccinated against whooping cough at the clinic in 1960, but this does not signify a reducation in the total number in the area protected against the disease. Many mothers prefer their children to have the combined diphtheria and whooping cough antigen in order to reduce the number of injections. The combined antigen can be obtained from many general practitioners.

Tetanus immunisation is given as a separate course of injections at the clinic but, unfortunately, there have been few requests for this very necessary preventive measure though many babies are now receiving the triple antigen from the general practitioners.

(iii) *Poliomyelitis vaccination :* The poliomyelitis vaccination sessions held regularly though less frequently than last year have been fairly well attended. A total of 375 first, 348 second and 1,283 third injections were given. There were 894 attendances from persons over fifteen years of age compared with 1,104 in 1959.

(iv) *B.C.G. vaccination :* For the second year the preventive medical services included B.C.G. vaccination of school children aged thirteen years and upwards. The acceptance rate at the schools completed was 82% compared with 64.5% in the previous year. Thirty-three per cent were found to be tuberculin-positive reactors and vaccination therefore was unnecessary.

Inter-relationship between the National Health Service and the School Health Service : There is close liaison between the staff of the School Health Service and the general practitioners who refer maladjusted patients of school age for child guidance treatment provided by the Local Health Authority."

Dr. F. D. F. STEEDE (Part of N.W. Division) :

"*General health and well-being, and physical condition of the children :* The general health of the children remains on the whole fairly good, and the physical condition too is generally satisfactory, reflecting the high overall standard of child care prevailing throughout the district.

Cleanliness of pupils : Cleanliness as one might expect was satisfactory and only a very few cases of pediculosis capitis occured, and then almost invariably as recurrences in children from a few families well known to the School Nurse.

School meals ; milk-in-schools scheme : The school meals service and milk-in-schools scheme continue to make an invaluable contribution to the satisfactory level of nutrition which can hardly be over estimated—though sometimes the larger family does not unfortunately take advantage of the meals service for economic reasons.

Hygienic conditions of schools : In none of the older schools are there at present any special facilities for medical inspection. In the new schools there is only one room available—a changing room is also needed if the necessary privacy is to be ensured without undue waste of time. Further progress has been made during the year with regard to the hygienic condition of schools, and I am especially glad that there are now better facilities for hand washing with universal provision of hot water to the schools for which I am at present responsible, and I hope that these will be extended to other schools still on the wating list for modernisation at an early date within the Borough of Buxton and the Chapel-en-le-Frith Rural District.

Infectious diseases : During the year, mainly in the first three quarters infective hepatitis was, I regret to say, very prevalent.

During the year there were a number of cases of diarrhoea and/or vomiting, mainly very mild, occasionally explosive, but more often sporadic, and although exhaustive bacteriological investigations were carried out no specific infective organism was isolated.

Dental caries aggravated by neglect in the absence of a School Dental Officer in spite of the hard work put in by the six local general dental practitioners is a continued cause for concern ; incidence of dental caries on the increase due partly to a parallel increase in the consumption of sweets and biscuits particularly between meals can be considerably reduced when the flourine deficiency can be adjusted to the optimum level in piped drinking water supplies. One hopes that as the facts with regard to flouridation becomes more widely

known that the general public will demand the implementation of this worthwhile public health measure.

I am personally very concerned at the number of children who are acquiring the cigarette smoking habit at an early age in view of the irrefutable evidence of the very close causative effect of the habit on the incidence of *lung cancer*, to say nothing of its probable aggravating effect on bronchitis. I have given talks in secondary schools illustrated by the filmstrip "Problem of Lung Cancer" but it may be that greater efforts should be made in the junior schools. I feel that those adult smokers who come into contact with children regularly should consider very seriously whether they should not cease to smoke, at any rate in the presence of children who are so easily influenced by example. The sooner the cigarette smoking habit becomes unfashionable the better.

Immunisation procedures : Diphtheria—A diphtheria immunisation campaign has been carried on vigorously during the latter half of the year as a direct result of the tragic deaths which occurred in Derby and Liverpool. Most of the work has involved "booster" doses, but a surprising number of first courses were also apparently necessary, though in some cases the original course may have been given in infancy and overlooked. One feels that a personal immunisation card in spite of the extra work involved might be seriously considered. One general practitioner in the district, at least, issues them in his practice and not many appear to be lost by patients.

Poliomyelitis vaccination—The poliomyelitis vaccination general level is very satisfactory and a very great deal of the excellent work has been done by the general practitioners.

B.C.G.—The acceptance rate for this procedure is 60%, a figure which is still too low, and of these 73.3% are negative to the Heaf Test.

Inter-relationship of the National Health Service and the School Health Service : Co-operation with the local hospitals and general practitioners is very satisfactory."

Dr. G. KUTTNER (Part of N.W. Division) :

"*The general health and well-being* of the children continues to be satisfactory. With few exceptions they are well fed, well clad and happy. There remains a fortunately small percentage of school-children who, in spite of repeated attempts of persuasion, refuse to avail themselves of school-dinners.

The physical condition of the children is generally very good. Among the younger age-group respiratory-catarrh and infections remain prevalent, nowadays treated expectantly rather than with wholesale excision of tonsils and adenoids. A sad aspect at school medical inspections are : the far too general incidence of dental caries, the many, more or less mild orthopeadic defects, poor postures, and constipation, too frequently met with and either ignored or treated with wrong and strong aperients.

Dental hygiene, in spite of much publicity, still leaves much to be desired. The consumption of sweets, biscuits, lollipops etc. seems to be for ever on the increase. Ice-cream vans crowd round schools at twelve noon—outside the school gates—and I often see a very large number of pupils buying and consuming a variety of unhealthy, artificial sweet-concoctions BEFORE their midday meal. I wonder if this bad habit could not be stopped somehow.

One very rarely sees a good normal foot in school-children nowadays. Even if stiletto heels and similar crazy constructions are not purchased it has become more and more difficult to buy a decent pair of shoes for teen-age girls. Socks, too, are partly to blame for deforming toes and parents should be warned to select carefully and not to buy material which shrinks dangerously after washing.

The hygienic conditions of schools are improving everywhere. Sanitation in some schools is not up to standard. A sore spot is, in my opinion, the boys' urinals which should not exist unless they can be flushed.

A fairly wide outbreak of *infectious jaundice*, mainly in and around Buxton, has given cause for anxiety this year. There were only a few isolated cases of jaundice in New Mills in October/November. School-attendance in the New Mills area was greatly reduced towards the end of this year owing to a mild but widespread epidemic of *mumps*.

The controversy in the method of *immunizing against diphtheria*, whooping-cough and tetanus persists as before and renders our task difficult. General Practitioners who, last year, began to use separate antigens have again reverted to using combined ones. After the much publicised fatal case of diphtheria in Derby—the second one was, unfortunately, not made as widely known—there was a rush to their surgeries for immunizations. But the number of parents accepting immunisation offered at schools has been much less than expected. Heaf-testing and *B.C.G.-vaccination*, on the other hand, is responded to extremely well. One case of pulmonary T.B., necessitating admission to a sanatorium, was detected following Heaf-testing in a Grammar School.

The advice of Mr. Rawden, Teacher for the Deaf, has been helpful in cases in which the result of *audiometric tests* was doubtful. He kindly conducted a sweep-test throughout John Duncan School."

Dr. W. GOW (Parts of N.W. and N.E. Division) :

"*General health* and well-being of children in schools remains very good.

Physical condition also good. Obesity much more evident than under-nutrition particularly in the 10-13 age group.

Cleanliness is almost uniformly excellent. Two or three cases of impetigo seen, no scabies and very few with pediculosis.

Milk-in-schools. The milk is sometimes overshadowed by the formidable array of confectionery sold in some schools during the "break" at which the milk is provided. It may take several children some minutes to arrange the biscuits and sweets as in a shop. Sometimes these food stuffs are even stored in the medical room, and I have spoken to parents about their children's teeth when seated beside a pile of biscuit tins.

School meals. These are excellent when the standards are considered which lay down the ingredients to be used. Those who prepare the meals and plan them deserve every praise.

Hygienic conditions. These are uneven. I pass from a new school with modern hangings and decor to a small school with no hot water or no water at all. These differences are inevitable, I suppose. Improvements have been made in many schools, but some still have not got water-borne sanitation.

Immunisation procedures. The recent cases of *diphtheria* in Derby made it possible to secure the consent of many parents for their children to be immunised at school. About 200 school children received primary immunisation and about 600 reinforcing injections were given in the last three months of 1960. A few children, mostly under school age, were given injections against *whooping cough*, but for the most part their parents understandably prefer immunisation with triple antigen.

Poliomyelitis vaccination. This has continued at full pressure in my area during 1960 but most of the school children whose parents agree have completed their courses, and we have mostly been concerned with adults and infants.

B.C.G. vaccination. The scheme has been carried out in all the secondary schools in my area, with very little fuss. The response has been a little disappointing in some places, less than half the parents giving their consent. Many thanks are due to the teaching staff who co-operated most valuably in marshalling the children for skin-tests, etc.

Inter-relationship between N.H.S. and S.H.S. Very good relations have been maintained and this has been most helpful, particularly as regards the B.C.G. scheme. I am sure that continuity of contact between various members of both N.H.S. and S.H.S. is an important factor. Without a good relationship of this sort, the S.H.S is almost useless, and I take much interest in this aspect of our work."

Dr. D. R. McCAULLY (Parts of N.W., N.E. and Mid. Divisions):

"*The general health and well-being* of the school children whom I have examined in the past year was, with a few exceptions, uniformly good, and there was a high standard of cleanliness generally. The exceptions belonged to families in difficult circumstances, most of which were already under observation. I saw no cases of pediculosis and only a few of scabies, impetigo, verruca and tinea circinata. Ear infections continue to be a source of trouble, although the incidence

of permanent damage resulting in partial deafness is extremely low and most of these cases receive immediate attention.

The *school meals* were generally availed of, and the numerous meals which I have, myself, eaten were, without exception, reasonably palatable, and well served. I found the meals at schools which had their own kitchens to be of a high standard. In the schools which have to depend on food transported in containers some of the palatability is, of necessity, lost, but these still maintained a reasonable standard.

The *milk-in-schools* scheme was, also, well patronised. I think that it is unfortunate that biscuits are also consumed with the milk in view of the frequent dental decay which one encounters. But I do not regard this as restricting the scheme in view of the great benefit to children's health, generally, of consuming a daily ration of milk.

The *hygienic condition of the schools* was of a good standard. Some of the rural schools had poor lighting owing to small windows. Such schools must depend on artificial lighting in winter which is, in some cases inadequate. I think that strip lighting in these circumstances would be a great advantage.

School meals are usually consumed in the classrooms, though in a few cases a village hall is available for this purpose. I think that this works quite well, although it necessitates a good deal of "tidying-up" by the children and supervision by the teachers.

In a few instances hot water is not yet available for washing purposes in the rural schools, but it is hoped that this will soon be remedied. There are, also, a few schools which have not yet got main drainage for sewage disposal and depend on chemical closets. These were, without exception, well maintained.

The *attendance of parents* at school medical inspections continues to be good for infants and juniors but falls off greatly in the case of older children.

I found the vast majority of the children to have been *immunised* against *poliomyelitis*, either at County Clinics or by their private doctors. *Diphtheria immunisation*, too, was fairly satisfactory, although there is room for improvement especially in regard to the "booster" on school entry. Since the recent diphtheria outbreak at Derby, out of the figures which I have collected—some 400 children—67% had been immunised in infancy, but only 30% of these had the "booster" dose. There is now a greatly increased interest of parents in diphtheria immunisations which, I hope, will continue.

The *B.C.G. scheme* has proceeded satisfactorily and I am now carrying out annual sessions at the secondary and "mixed" schools. The "acceptance ratio" has been quite good, varying between 60% and 80%."

Dr. B. E. JOHN (Parts of N.E., S.E. and Mid. Divisions):

"*General health and well-being of children* is good in all cases and all areas.

Physical condition of the children is good with the exception of widespread dental caries. A few cases of flat feet, congenital defects and epilepsy, with a few cardiac conditions seem to be the most prevalent disabilities. Upper respiratory tract infections seem to be less common and throat infections do appear to diminish as the child reaches the age of seven or eight—this has been more marked as the hospitals near the area seem to have adopted a more conservative attitude to tonsillectomy recently.

The cleanliness of pupils : The majority of pupils seen were clean and those who were dirty suffered from a superficial dirt and were not infested. One case of scabies was seen and none of impetigo.

School meals ; the milk-in-schools scheme : School meals were of a uniformly high standard with more palatable meals being provided in cases where the meals were cooked on the premises. Milk in schools continues to be provided.

The hygienic condition of schools : Ventilation, lighting and heating are good in nearly all schools. Sanitation remains unsatisfactory in the old schools especially in rural areas and in old buildings. Lavatories situated outside the school building and at the end of a yard are not in my opinion satisfactory and neither are uncovered urinals of which there appear still to be a number.

Infectious diseases : Measles and whooping cough were fairly prevalent at the beginning of the year, and more recently mumps has been fairly widespread.

Attendance of parents at school medical inspections : This is good in the case of five and eleven year old children but poor in the case of leavers.

Immunisation procedures : Diphtheria immunisation is carried out mainly as booster injections on five year old children. Very little immunising is done in Infant Welfare Clinics in this area as parents tend to object to the large number of injections required in the first year of life if single antigens are used.

Whooping cough vaccination—Very limited, a few at outlying Infant Welfare Clinics where it is difficult to reach the general practitioner.

Poliomyelitis vaccination—The numbers receiving injections appears to have fallen considerably in recent months; presumably the bulk of the population has been vaccinated of those who intend to benefit from it, and it is now beginning to approach a maintenance level.

B.C.G.—This was offered to the schools in this area for the first time. The response was variable, extremely good in some areas but less pronounced in others. The co-operation of the teaching staff was of great benefit in connection with this."

Dr. F. G. BRILL (Part of N.E. Division) :

"*The general health and well being of the school children* was satisfactory. There was the normal high rate of absences among infant entrants due to upper respiratory tract infections, and measles and chicken pox outbreaks accounted for a good proportion of non-attendances. There are still several families in the district where the illness of one member is the signal for all the children to stay away from school, but this state of affairs is being changed gradually.

Physical condition :—

(*a*) As reported by me last year, dental caries is rampant in the area, and since the loss of one dental officer, the situation is rapidly deteriorating. There are only five private dental practitioners in the neighbourhood, none nearer than two—three miles, necessitating inconvenient 'bus trips. It is practically impossible to have children accepted by Dentists as regular patients, even if their parents are regular attenders, owing to full lists. This added to the overall picture of poor oral hygiene, low fluoride content of the water, high consumption rate of sweet and farinaceous foods, presents a gloomy aspect at every school inspection. If the recruitment of Dental Officers is so difficult, a possible second line attack on the caries incidence could possibly be made by specially trained dental hygienists.

(*b*) *Enlarged tonsils and adenoids* were still a prominent defect, but, possibly due to the good summer of 1959, there was an overall decrease in the numbers seen. However, the number of cases occurring as complications of recurrent streptococcal tonsilitis, i.e. scarlet fever and acute rheumatism, remain about constant.

(*c*) Eye defects were again found to be fairly common, but most cases of squint were already under treatment by the time the children were of school age.

With the co-operation of the Head Teachers, children refusing to wear their spectacles in school are becoming fewer, and amount to a mere handful of well known "hard cases."

(*d*) *Nocturnal Enuresis* continued to crop up frequently, and several mothers attended inspections to ask for help.

(*e*) *Emotional instability* accounted for quite a few cases exhibiting behaviour problems, delinquency, truanting, pilfering, lying and enuresis.

Those children which were obviously in need of expert handling were referred to the Child Guidance Clinic. During the year Dr. Salfield left the Hackenthorpe Clinic, and I would like to record my appreciation for his help and co-operation. Dr. Salfield was replaced by Dr. Thorpe, who continues to provide invaluable services in this area, which are appreciated not only by me but also the patients and their parents and teachers.

(*f*) *Obesity :* Many children in all groups are over weight, and some grossly so. In my opinion, this is due to two main factors; (i) over-indulgence in carbohydrate foods ; (ii) emotional difficulties and frustration, giving rise to compensatory over-eating, both at regular meals and frequent snacks.

I have dealt with this problem by interviewing the parents to try and find out the underlying cause, and suggested dietary modifications, and have referred some cases to the Child Guidance Clinic.

(*g*) *Eczema—ichthyosis—asthma* cases continued to be noted at about the same as last year level. With the co-operation of the local general practitioners I have sent a small number of children who were seriously handicapped by asthma to a certain consultant for treatment by hypnosis. The children all appeared to have benefited substantially, and are now being followed up.

Cleanliness of pupils remains good in all schools inspected, the main exceptions being members of the local "problem" families. No cases of scabies or impetigo have been seen, and verminous heads were infrequent.

The school meal service continued to function well.

The Milk-in-School scheme continues to be well patronised, and I am glad to be able to report that increasing numbers of schools in my area are suspending the sale of biscuits. As reported last year, combination of milk and biscuits in a mouth with already damaged teeth, and poor oral hygiene, can only accelerate dental decay.

B.C.G. Vaccination is carried out in all secondary schools, and was also offered to secondary schools in the next vacant area. The acceptance rate varied from 98% to 60% and as a result of steady propaganda among parents and teachers will continue to rise. On the whole the response has been most gratifying. I am continuing to recommend x-ray examinations for all children found to be tuberculin positive, and although no cases of active tuberculosis have been found, it is interesting to note that the children recalled for further examination have by no means had the severest re-action to the Heaf skin test.

In some doubtful cases, I have postponed the vaccination and carried out repeated skin testing by intra-dermal Mantoux test, and found that 50% of these children were positive reactors.

There has been a steady decline in demand for *Poliomyelitis vaccination*, mainly due to saturation point being nearly reached, but there are still some parents who put off this step until they have had the chance to talk about it at a school medical inspection.

Diphtheria—Pertussis—Tetanus Immunisation : Following the recent outbreak in Derby of diphtheria, there has been some quickening of interest in this prophylactic measure. All mothers attending the infant welfare clinic have had their children injected by either the family doctor, or at the clinic, and parents of infant school entrants who have not had any immunisation previously, have on the whole re-acted well to the suggestion that this step should now be caught up with. I have continued to give booster doses at infant schools, and hope to extend this measure to 10-11 year olds in the junior school, during the coming year.

Small pox vaccination is not in popular demand, but a few mothers have attended during the year for this.

Points of special interest :—

(i) The area covered by me in N.E. Division is a fairly compact one, covering two large housing estates and a mining village. In the two years in which I have been working in the area I have become increasingly aware of the lack of facilities catering for entertainment in the area. We have a defininte social problem, created in the first place by the transfer of population from Sheffield to the housing estates, and the consequent breaking up of close family ties. The population of the estate is a young population, with a high proportion of school children and teenagers. Many parents in their desire to provide the luxuries of life in the shape of cars, bigger and better television sets, washing machines, mechanical toys, etc., both go out to work, and thus deprive their children of one of the greatest essentials to a good life, the stable influence of a mother at home. In the case of sudden illnesses or accidents at school, the problem of what to do with the child is often a difficult one to settle, and I have also become increasingly worried of recent months about those younger children, who roam the streets between leaving school and their parents' return from work.

Several schools do run play centres, which, while excellent in themselves, do not provide the complete answer. It has been recognised that this problem is one of the keys to subsequent delinquency, and from recent publications one gathers that other countries abroad are trying to tackle similar conditions on a small scale but realistic experiments in order to provide later on a service geared to the needs of the community. Such a pilot scheme is at present run in Bonn, in West Germany.

What is needed in the area is something like a large scale community centre with a library to enable some of the children to do their homework in peace, a play room for both older and younger children, playground and games field. Such a centre could eventually be expanded to deal for all tastes to jam session and jiving, as well as cinema exhibitions, lectures, etc. These children growing up in the housing estates are not going to be contented with school, T.V., local scout and guide troupes and youth club activities. There is a group of public spirited members of the community who run youth clubs, where activities centre on school premises, and scout and guide troupes which in the main attract only those children who are active church members. All these activities appear of necessity to touch only a small proportion of the youth on the estates, and there are still many children outside these activities.

For another group of children, particularly those who are not satisfied by limits imposed by the above activities, and who get bored by their home surroundings, and crave for activity and adventure, the ultimate destiny in many cases is an appearance before the Magistrates. The children in particular present a very grave and urgent problem, which merits consideration at all levels of the medical and education services.

(ii) It is hoped to form some estimate during the year 1961 of the extent of backwardness and educational subnormality. I am greatly indebted to the help I am receiving in trying to assess the

problems and making survey, by all the Heads of the schools concerned, and the Divisional Education Offices, as well as the County Authority."

Dr. A. CHYNOWETH (Part of N.E. Division) :

"*The general health and well-being of the children :* Most of the children in this area are adequately clothed and fed and happy. The occasional child who is not often belongs to one of the many problem families and is already under the supervision of the Health Visitor.

Co-operation between teaching staff and parent is good, most head teachers being interested in the child who for any particular reason requires more attention than the average.

The physical condition of the children : 7.2% of all children examined at periodic medical inspections had defects of vision requiring treatment. No correlation could be demonstated between poor vision and television viewing but many of these children were in the habit of reading in bed under poor lighting conditions. Most other defects were of a minor degree, not requiring treatment, e.g. umbilical hernia, genu valgus and pes planus.

The cleanliness of the pupils : The standard of cleanliness was good. In the few cases where the children were dirty, temporary improvement often followed a visit from the Health Visitor to the home. Few cases of impetigo were seen at the minor ailments clinic, but as the general practitioners also treated this, no clear-cut picture could be formed. Infestation with head lice became a major problem at one school but it was quickly cleared by the Health Visitor and no nits have been seen for the past month.

School meals; the milk-in-schools scheme : In most emotionally unbalanced children feeding problems were very common. In this respect school meals played an important part in their social training. The meals themselves were adequate and well served, but not enough children took the advantage of this service or the milk-in-school scheme.

The hygienic conditions of schools : This was found to be fairly satisfactory but the lack of medical inspection rooms was rather trying to both myself and teaching staff. Where they were provided they were inadequate. The canteens appeared to be satisfactory and well staffed providing adequate service.

Infectious diseases : There have been no serious outbreaks of infectious diseases in this area since February 1960.

There appeared to be an understandable reluctance to wear *N.H. spectacles* amongst the children whose parents were not prepared to pay for the more attractive frames. This could have a marked psychological affect, undermining the child's self confidence.

Immunisation procedures : Since the outbreak of diphtheria in the County, there has been a good response to the movement for active immunisation of school children. Previously some parents had been most reluctant to give their consent to immunisation

procedures. One of their main objections was the number of injections necessary to give immunity against diphtheria, pertussis and tetanus. A large percentage of the eligable population in this area has been vaccinated against poliomyelitis.

It was interesting to note that 16.4% of leavers examined had been vaccinated against smallpox as a baby but only 9.7% of entrants examined had vaccination scars. These figures are far too low and show an actual falling off of artificial immunity to smallpox in this population. Although this is an M. & C.W. problem, the above results, which became evident at school medical inspection, should be taken very seriously.

The inter-relationship between the National Health Service and the School Health Service : The General Practitioners in this area have been most helpful with regard to referring children for specialist advice or investigation. Information has been easily available from the hospitals."

Dr. J. D. HALL (Part of N.E. Division) :

"*Physical condition of the children :* The overwhelming majority of children were without significant physical defect. Many, as in other areas of the country, shewed the effects of excessive eating. The undernourished child must now be a rare phenomenon, and it may well be that the time will come when the value of subsidised school meals and free milk to all, irrespective of need, may have to be reconsidered.

Cleanliness : No cases of confluent pyoderma or scabies have been seen. The incidence of pediculosis capitis et corporis has been minimal.

Hygienic conditions of schools : The cleanliness and general appearance of the schools in this area are, without exception, beyond criticism. The ventilation, lighting, heating and sanitation of the older schools is as good as can be reasonably expected.

Infectious diseases : Chicken pox has been mildly epidemic; no large numbers of other infectious diseases have been observed. No cases of bacillary dysentery have been reported to me.

The *attendance of parents* at routine medical examinations has observed the common pattern and has diminished with the age of the child."

Dr. A. R. ROBERTSON (Part of N.E. Division) :

"I have continued to be the Medical Officer for one Grammar School only. The general health and well being of the children has been very satisfactory and their physical condition has been very good. As always they have been very clean. No serious outbreak of infectious disease came to my notice."

Dr. P. WEYMAN (Part of Mid-Division) :

"*The general health and well-being of the children* was considered good. Their physical condition was also considered good. These comments are general and reflect the findings noted on school medical record cards.

With the general increase in fitness over the years is it not time to consider a revision of the medical record card ? Much more interesting and detailed information could be made available each year, if, in addition to the routine medical examination this was combined with a national survey—each year on a different subject. Reasonably accurate information could be obtained on the numbers of children in whom enuresis continues to a late age ; do children have a proper breakfast before coming to school; how many children have a good toothbrush ; does a child share a bed at night ; is there a fireguard in the home ? All these and other factors may have a bearing on the behaviour and development of a child.

Standard record cards which can be analysed by machine would be a great saving of clerical time.

Cleanliness : The pupils are clean and no children with pediculosis, impetigo or scabies were seen by me. Teachers, Health Visitors and School Nurses do a considerable amount of work in this connection. Films on grooming and other aspects of care have been shown in schools.

School meals, and milk-in-schools schemes continue as usual. It is unfortunate that mid-morning biscuits have to be sold to increase the money available for use in the schools. If money must be made in this fashion more care in the choice of material for sale is required. Bad habits should not be encouraged in school.

The hygienic conditions in schools have been the subject of reports. One would like to see much more new building in connection with infant and junior schools. However, the new buildings, whilst a great improvement, are not without criticism.

Infectious diseases continued their accustomed courses. More thought and care by parents might have prevented other children becoming infected.

The situation regarding *dental care* was brought to mind whilst taking swabs from children in an infant school where there had been a suspected case of diphtheria—the case was not confirmed and all swabs were negative. The opening of mouths for inspection of throats brought to light row after row of carious deciduous teeth. An awful sight in young children. Should these be considered to be the result of malnutrition ? Whether the caries is due to improper use of sweet foods or the low level of fluoride in the water is it really right to say that these children are properly nourished ? Are school doctors wrong in their assessments when they say that such children are in reasonable health ?

The *various immunisation procedures* have been carried out as in previous years.

There is good co-operation between the School Health Service, General Practitioners, and Hospitals in this district. General Practitioners are most willing to help or comment."

Dr. T. URTSON (Part of Mid-Division from Jan.—June; part of N.E. Division from July—Dec.) :

"*The general health and well-being of children* remains good and the *physical condition* of the children is satisfactory. With the exception of defective vision, most of the defects found were known to the parents and had been investigated and treated by the family doctors.

The standard of *cleanliness* is still highest among the pupils in infant and junior schools, but deteriorates in the secondary schools.

The *school meals* continue to be satisfactory on the whole.

Hygienic conditions of schools continue to improve. Washing facilities are very good in all schools, but the outdoor toilets in the majority of the schools require attention. Facilities for school medical inspection remain inadequate and unsatisfactory.

Of *infectious diseases* there was an outbreak of mumps and chickenpox in two districts.

(*a*) Following the outbreak of a few cases of diphtheria in Derby, there was a sudden increase in demand for primary *diphtheria immunisation.*

(*b*) *Whooping cough vaccination* is carried out entirely by the general practitioners.

(*c*) *Poliomyelitis vaccination* is now very widely accepted.

Health education continues to move smoothly on the lines mentioned before—posters, leaflets, discussions. I realise that this is not an ideal approach—it hands out information, but fails to stimulate the interest in "health" problems. But it is the best I can do under the circumstances. Few children complained of feeling nervous during the pre-examination period."

Dr. W. J. MORRISSEY (Part of Mid-Derbyshire) :

"The *general state of health* of the children in the schools in my area continued to be satisfactory. I have found no child who is undernourished and very few badly or inadequately clothed.

There are still a few "*problem families*" in this district who continued to be a source of concern but the regular conferences between officers of the County Welfare Department, the Children's Department, the School Welfare Officer, the Health Visitors and the officers of the local district council have proved to be of value in assisting certain of these families, and with a view to helping out even more it has been decided to continue to hold more of these meetings in the future.

Cleanliness : The satisfactory level of body and head cleanliness has been maintained. There was, however, an increasing number of dirty heads in some schools in the early part of the year,

when one of the Health Visitors left the County Service and no head inspections were thus carried out for a period in these schools. The position has now been rectified, however, the full complement of staff are now on duty and inspections are proceeding normally.

Immunisation procedures : The *diphtheria and "polio" vaccination* schemes continue to work fairly satisfactorily, although the public interest in the "polio" schemes has "waned" during the year and numbers coming forward have been gradually diminishing. Difficulties have been experienced in the operation of the immunisation schemes by virtue of the fact that some injections are given by G.P.'s. and some given by County Medical staff, and this has resulted in some confusion and "overlapping" regarding dates.

The *B.C.G. vaccination* scheme was commenced in my district during the year. Visits have been paid to two schools and as a result 432 children were vaccinated.

School Premises : There is only one post war school in my area. Work to bring the premises built before the war up to modern standards has been continued throughout the year. The installation of hot and cold water in cloakrooms has now been virtually completed in the majority of schools but there still remains the old type of water toilets in playground yards. This type of W.C. can no longer be regarded as suitable for the needs of children. In some cases they are old, damp, draughty with inefficient flushing mechanisms and should, in my opinion, be substituted by the provision of modern indoor water toilets.

School Meals : Washing up and serving facilities in all schools are good, although dining room facilities in several schools are not satisfactory. In one instance the children have to walk a considerable distance from school to a hall for their mid-day meal. Cleanliness of canteens, serveries, utensils and staff has remained satisfactory during the year. Out of all the schools in my area, only at one are meals prepared, cooked and served on the same premises."

Dr. J. DUTHIE (Part of Mid- and S. Divisions) :

"The following are impressions gained in the course of school health work in an area of mixed rural and urban communities.

The general physical well-being of pupils and their standard of hygiene (excepting problem families) are good throughout all income groups.

There is a notable decrease in dental caries in isolated rural communities (where there is no local shop) as compared with urban districts.

School meals are well prepared and show variety ; and the protein content, although not high, is reasonable.

B.C.G. continues to be widely accepted and parents are also showing more interest in diphtheria immunisation.

There is considerable prejudice among parents against special schools for educationally backward children and considerable resistence is often met within cases proposed for admission."

Dr. G. STOREY (Parts of Mid. and S.E. Divisions) :

"*General Health and well-being* of pupils has been on the whole, very good.

Physical condition : Majority of pupils satisfactory. A fair number of obese pupils were seen, especially among the second age group, with a preponderance of boys over girls.

Cleanliness of pupils : Certain districts produce repeated cases of pediculosis but they are controlled well with the aid of health visitors and modern methods. One or two cases of scabies were seen.

School meals and milk-in-schools scheme : Both seem to be moving along the usual lines. Much has been said for and against the latter scheme but it would seem the disadvantages outweigh the advantages.

Hygienic conditions, etc. : There is wide variation in this respect with modern schools being satisfactory, except in that medical room facilities are often not as suitable as they might be. Some of the older schools in rural districts especially are in need of repair and improvements.

Several cases of diabetes mellitus have come to notice. Perhaps routine urine-testing of school children would reveal early cases and would be an advantage.

Immunisation procedures :—

(1) *Diphtheria :* The response has been along the usual lines, although there was a peak request towards the end of the year.

(2) *Polio :* There has been a steady decline in the numbers being injected, presumably because most people have been done. Large numbers were injected at collieries, factories, etc.

(3) *B.C.G.* There is always a good response to this procedure,"

Dr. T. HAYNES (Part of S.E. and S. Divisions) :

"*General health and well-being of the children :* On the whole the general health of the children is good. In all schools there is a small proportion of unsatisfactory children from unsatisfactory homes. In a few cases this is associated with ill health of one or both parents. More often the case appears to be emotional strife between immature parents who consequently cannot meet either the material or emotional needs of their families.

Physical condition of the children—Teeth : The incidence of dental caries amongst school children in this area is appallingly high. The amount of pocket money given to children seems to rise higher and higher. It is a pity the children cannot be persuaded to spend more on fruit and less on lollies.

Skin defects : There appears to be a high incidence of verrucas and athletes foot amongst the eleven plus and school leaving age groups. Acne is also a common finding amongst school leavers.

Eczema is not uncommon and appears to relapse at stress periods in the school career. I find impetigo and scabies very rare in this area, having seen only two cases of impetigo in twelve months.

Eye defects : Defects of vision and squints are very common in all schools.

Upper respiratory tract : In this area the incidence of enlarged adenoids, with resultant middle ear infection and poor speech, is very high in the age groups five to eleven years. It is quite a common cause of intermittent deafness, and I am sorry to say in neglected cases minor degrees of permanent partial deafness. It has surprised me how many mothers do not realise the seriousness of discharge from a child's ear, or complaint of recurrent earache.

Lower respiratory tract : During the past twelve months disorders of the lower respiratory tract have not been found commonly, at routine medical inspection. Asthma and asthmatic bronchitis have been found more commonly than for example bronchiectasis.

Heart and circulation : The finding of systolic murmurs in the heart at routine medical inspection has been a quite common experience. While many of these murmurs have been functional in origin, several have been proved to be due to congenital cardiac defects.

During twelve months I have seen only one case of rheumatism presenting as a cardiac murmur found at routine inspection. It seems to me that this is because the condition is diagnosed earlier in its course, certainly not because it is becoming less common. In fact there seems to be high incidence of children referred by the head teachers or by parents complaining of flitting limb and joint pains associated with sore throats, anorexia and pallor.

Orthopaedic disorders : Poor posture has been a marked finding amongst the eleven plus age groups, more in the girls than the boys. Flat feet are another common finding. The standard of shoes worn by school girls is very poor. Most girls now appear to wear court type shoes either with no heel or a small stilleto type heel. I do not think that health education talks will ever be a successful competitor with the modern shoes for teenagers.

Nervous system : There are several children suffering from epilepsy attending ordinary day schools in this area. These children, thanks to the helpful co-operation of the teaching staff, lead as normal a life as possible and do not feel conspicuous because of their handicap. Other physically handicapped pupils attending day schools in this area include two cases of meningomyelocele and three cases of myopathy. These children are very happy at school and I feel that it is better for them to remain at home with their parents and attend a normal day school as long as is possible.

Cleanliness of pupils : There is a high standard of cleanliness generally, and pediculosis is rare. I have seen four cases in twelve months. Impetigo and scabies are extremely rare.

School meals, and milk-in-schools : These provide an excellent opportunity of making sure that the small proportion of children who are undernourished because of home difficulties receive at least one adequate meal in the day. They also play a great part in educating children to eat a balanced meal and help the child to develop good table manners. The value of milk in school seems debateable at the moment. I would be sorry to see the milk in schools stopped, but I feel that it might be more valuable if made available earlier in the morning. I have been shocked to find how many children in this area come to school without any breakfast, or only having had a cup of tea and a spoonful of cornflakes, or a slice of toast.

This is mainly because they have to get it themselves, mother having gone to work early.

Hygienic conditions in schools : In the modern schools the conditions are very good, but in the older schools there is often much to be desired in the way of heating, indoor sanitation, and washing facilities. A great lack in the older schools is the lack of adequate space for medical inspection and eye testing.

Infectious diseases : We have been fortunate so far in not having any case of diphtheria in this area. Measles has been widespread in the Chaddesden and Alvaston schools. Two days before closing for the Xmas holidays approximately half the children attending Alvaston Infant school were absent due to measles.

Attendance of parents at school medical inspection : I am very disappointed by the low attendance of parents at the routine school leaving inspection. This I feel is due to the fact that the children think it is babyish for the parents to come when they are so old, and the parents feel that it is an unnecessary formality. To combat this in one school the Headmaster has sent a circular to parents explaining the purpose of the examination. So far we have met with little response.

Immunisations :—

Diphtheria : Because of the occurrence of cases of diphtheria in Derby, immunisation against diphtheria has been offered to each child in all schools in this area. (At the time of writing, one and a half schools remain to be done). "Open" sessions have been held for this area at Chaddesden Clinic on Wednesday mornings, and will continue for the time being. The response has been great, so long as the children could be done in the schools. The response to clinic appointments for those absent from school on the day of immunisation has been very poor. It has been surprising to find how many children in the nine to fourteen age groups have never been immunised and I have been more than surprised to find how many mothers do not know what immunisations their children have had.

Whooping cough : There is an increasing demand on this area for immunisation against whooping cough at the Infant Welfare Centres. It seems likely that this is due to the fact that the mothers find it easier to take the baby and have him weighed and immunised all at once at a time convenient for her, i.e. during the afternoon.

Polio immunisations : It seems to be becoming a common occurrence for whole families to come for immunisation together.

Inter-relationship with the National Health Service : I have been grateful for the helpful co-operation of many general practitioners in this area and also for the help of the Derby Children's Hospital, but I feel that we could be still more unified in the common purpose—The Child and His Health."

Dr. A. M. HAMILTON (Part of S.E. Division) :

"*General health and well-being* continue to be good.

Physical condition on the whole is good, with the exception of bad postures in some eleven year olds.

Cleanliness on the whole is good. Fewer nits in hair have been seen this year.

School meals, and milk-in-schools : Both these services continue to perform useful functions.

The only *epidemic* which has been noticed has been a sporadic outbreak of catarrhal jaundice, affecting children at all school ages and in several schools.

Attendance of parents at school medical inspections : This seems to be improving, especially in the older age group where it is never so good as in the infant schools. This improvement is almost wholly due to the interest taken by the Heads of schools in the medical inspections.

Diphtheria immunisation has received a sudden impetus from the cases of the disease which occured this autumn in a nearby County Borough, and has been resumed in the schools this year. A few infants have received *whooping cough* immunisation only.

Polio vaccination, on the other hand, is shewing a regrettable fall, as many as 50% of those who have applied for vaccination failing to attend when called to the Saturday morning sesssion.

B.C.G. vaccination is now offered to all unvaccinated children of thirteen and upwards in the schools and also to students in the Technical College, and the response has been good. The number needing vaccination, (i.e. those whose preliminary skin test is negative), remains about the same in each school and as in former years,—between 25% and 35% of those tested."

Dr. R. DEAN (Parts of S. and Mid. Divisions) :

"*General health and well-being of the children :* The standard of general health is most satisfactory. Noted under this heading was the high incidence of upper respiratory catarrh in infant and junior departments, especially during the Autumn term.

The physical condition of the children appears to be very good. Highest in the list of defects are dental decay, visual defects, and minor skin complaints.

Cleanliness of pupils : Only one case of flea infestation and one of lice infestation were encountered. A greater proportion of dirty children were seen in the leaver group in secondary modern schools.

School meals are popular and appear to be nutritious and varied.

The hygienic conditions in schools continue to improve with the possible exception of effective permanent ventilation in classrooms of new schools. Some of the older schools are better equipped in this respect.

Infectious diseases : Apart from a moderate incidence of mumps and chickenpox, it has been a good year in this area.

Immunisation procedures : There has been a big increase in the demand for *diphtheria immunisation* and special sessions have been held in schools and clinics. The number of children attending *polio immunisation* clinics was slightly reduced this year. *B.C.G.* All senior schools were visited and the acceptance rate was about 50%."

Dr. C. G. WOOLGROVE (Part of South Derbyshire) :

"*The general health and well-being of the children :* The children appear to be very fit and lively in their school life.

The physical condition of the children : A high standard is being maintained.

Cleanliness of the pupils : This is very satisfactory.

School meals : These continue to be of great importance, especially with children who have to travel for a distance, or where the mother goes out to work. The quality of the meals cooked on the premises has been excellent throughout the year. This is a service which I am sure is a boon to parents and pupils alike.

Milk-in-schools : This is of great value to the children and most of the pupils enjoy it.

Hygienic conditions of schools : In my opinion these continue to be excellent. It must however be reported that all the schools in my area are of modern structure and design.

Infectious diseases : The occurrence of cases of diphtheria in Derby Borough with the resultant death of two school children greatly affected the work of the School Medical Officers in the district. Parents were quick to react to the situation and we were fortunate that the County Clinic, Maine Drive, Chaddesden, was open in time to deal with those parents who wished their children to be immunised against diphtheria. As a general precaution, it was decided that immunisation should be offered to all school children in the local schools and there is no doubt that this service was greatly appreciated. Unfortunately, the reappearance of this disease after a number of years absence serves as a stern reminder to all parents and School Medical Officers that all school children on entry to school should have been fully immunised, and if this procedure has not been carried out, to do all in their power to see that it is done at the very first opportunity. It is particularly important that the junior schools should not be missed, as the impact of the disease during the recent outbreak appeared to be more severe amongst

children of over eleven years of age, thus underlining the fact that booster injections should be given at five and ten years of age, even if the child did receive primary immunisation in infancy.

Attendance of parents at routine school medical inspections : This has continued to be good, especially with the entrants, and great interest is shown in their well-being.

The innovation commenced last year, of carrying out inspections of school leavers at the same time as the school is visited by the Youth Employment Officers, has been continued. This does ensure that the child does receive a medical inspection before leaving school and taking up a post in local industry. Defects which are observed at this time can be remedied and/or the appropriate treatment arranged with the family practitioner.

Immunisation procedures : (i) *Diphtheria immunisation.* This has been dealt with above.

(ii) *Whooping cough vaccination :* I look forward to the day when diphtheria and whooping cough vaccination combined can be given to all infants attending clinics in the County area. There is no doubt that this procedure would minimise the number of injections given to infants.

(iii) *Poliomyelitis vaccination :* It is encouraging to report the good response for this vaccination in the area, and I hope this will continue, particulary when the age group is further extended on the 1st January, 1961.

(iv) *B.C.G.* My thanks are due to the headteachers and teaching staff of all senior schools in the area for their help in furthering the campaign against tuberculosis by ensuring that as far as possible all their pupils from the age of thirteen years have the opportunity of receiving B.C.G. vaccination. The acceptance rate continues to be over 75% in most schools.

Inter-relationship between the National Health Service and the School Health Service : The co-operation between the general practitioners and the Local Health Authority Services continues to be excellent. Reports and correspondence received from hospitals and specialists are also very helpful."

Dr. J. W. CRAWSHAW (Part of South Division) :

"*The general health and well-being* of the children is very good but many children stay up too late at night and are weary in the morning. The children are generally lively and full of energy. Few children show any fear of medical examination and the younger ones appear to enjoy it.

The physical condition of the children is generally good and the great majority are well grown and sturdy. The modern treatment of infections in early infancy has greatly reduced the amount of chronic disease in school children.

The *cleanliness* of the pupils is very good and I have seen no cases of impetigo or scabies during the past year. Pediculosis is uncommon.

School meals are now a necessity when so many mothers go out to work. The meals are nutritious and are enjoyed by the children. I consider that they are of great value in teaching faddy children to eat proper food. *Milk-in-schools* is useful for most of the children but the fat children would be better without it.

Infectious diseases have not been severe in this area during the past year.

Attendance of parents at medical examination of infants is extremely good—older children ask their parents to stay away.

Immunisation—Diphtheria : Response has always been fairly good in most areas, but since the outbreak of diphtheria in Derby, there has been a great demand for protection.

Whooping cough : Demand for this immunisation is increasing.

Poliomyelitis : The level of immunisation is quite high.

B.C.G. The demand for this is increasing and is now at a high level.

Hygienic conditions are now good in most schools as new schools are built and old ones improved."

Dr. M. ALLAN (Part of South Division) :

"*General health and well-being :* From seeing the children in the class-rooms, on the playgrounds and playing fields, and from the observations of ordinary medical inspections, it is quite obvious that the children's health is very good.

Physical condition of the children : I see very few children who can be classified as "unsatisfactory," and these are usually suffering from some form of illness, and there is no doubt that the good health and high standard of nutrition is the result of wise and loving parental care.

Cleanliness of the pupils : I have seen few cases of impetigo, a few children with nits, but unfortunately this year two cases of school children with scabies. These scabies cases were dealt with at the Clinic and the families concerned were dealt with by the District Councils.

School meals : It is quite pleasing to see such attractive school meals, and I am sure this cannot be achieved without a great deal of care and planning on the part of the kitchen staff.

Hygienic condition of schools : A good deal of repair and replacement work has been done in the schools and much outside and inside decorating which make a very great difference, both to teachers and scholars. In the older type of school more attention could be paid to the accommodation, including toilets, for the teachers.

Infectious disease : There was no epidemic throughout the year, but towards the end of the year there was a good deal of chicken-pox and mumps which interfered with school attendance.

Immunisation procedures : (i) *Diphtheria immunisation* was falling off because of the very active interest in polio vaccination, but as a result of the outbreak of diphtheria at Derby Borough towards the end of the year much more immunisation was done, and perhaps this impetus will continue into the New Year. For the booster or reinforcing doses I get an excellent response from the school entrants, and I have had the utmost assistance from the school teachers.

(ii) The parents have readily accepted *polio' vaccination* and, of course, now that it can be done on demand at the ordinary Clinics this will make it much easier for the parents and the children.

(iii) The *whooping cough* vaccination continues to be popular enough, but we have to compete with the "triple" vaccine which is used by the local General Practitioners.

(iv) *B.C.G. vaccination*—In carrying out these vaccination I have had every assistance from the Head Teachers and I have had excellent responses at the schools. There have been very few troublesome reactions, and in dealing with the few cases I have had the utmost co-operation from the General Practitioners.

Co-operation between National Health Service and School Health Service : Co-operation continues steadily between the Local Authority Health Services and the General Practitioners of the area. The local Hospital letters are very valuable and save a lot of correspondence with General Practitioners and the Hospitals."

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

"This is the last occasion on which I will be presenting the report for inclusion in the Annual Report of the Principal School Medical Officer. In doing so it gives me great pleasure to say that in general the standard of health of the school children in the Borough has never been higher and I think it is safe to say that this happy state of affairs has been brough about, at least partly, by the work of the School Medical Service, which, through the years has been responsible for regular medical inspection of pupils and constant follow up.

Of the 4,125 children examined in the prescribed age groups during 1960 only 78 or 1.89% were found to be in an unsatisfactory condition. The value of the School Health Service can be seen in the fact that perhaps one in eight children do require treatment or advice. Quite a large proportion of defects found are defective visions which, perhaps, have been aggravated by the misuse of television. There is considerable evidence that the majority of school children still go to bed too late in spite of the considerable health education which has been carried out by the staff of the School Health Service; we still find that inevitably children of five and six years of age are able to stay up late to watch a television programme.

As was mentioned last year, special note has again been taken during the year of the condition of the children's tonsils. It was found that while approximately 25% of the children have their tonsils removed up to the age of leaving school the proportion of school entrants whose tonsils have been removed has considerably increased over the previous year; this could mean that the age at which tonsillectomy is carried out has become somewhat lower.

An increasing problem has been the discovery of Verrucae even though all possible precautions have been taken in the way of attention to shower baths and individual gym shoes etc. This problem is most difficult to deal with and it is hoped that when the Chiropody Service is commenced that it can soon be extended to include treatment of school children. This will save a considerable amount of school time to those children who have to attend either School Clinics of the Royal Hospital where there is a waiting period of approximately two months.

Placement of handicapped children has again preoccupied the School Health Service of the Borough ; the largest group of handicapped children belong to the Educationally Subnormal Group. The opening of Ashgate Croft Day School for Educationally Subnormal Children has proved of immense value and forty-nine Borough Children now attend there. Nevertheless these number of places prove insufficient as there is already a waiting list of thirty or more children who might benefit from attendance there.

The facilities provided at Brambling House Open Air School have continued to give considerable benefit to those children who for physical or emotional reasons have not been able to take their proper part in the life of an ordinary school. After the Easter holidays the Physiotherapist increased her visits to the school to two sessions per week and in addition to the remedial physiotherapy classes a special class was commenced for remedial exercises for children suffering from respiratory diseases.

The Child Guidance Clinic, or as we prefer to call it, the Children's Centre, has always been an integral part of the facilities of the Open Air School and we particulary welcome Dr. Thorpe as our new Children's Psychiatrist. He will now carry out five sessions a week at the Children's Centre which will double the number of children receiving the interest of the team at the Centre. For the first time one Child Psychiatrist Clinic per week is being held at the Royal Hospital. This is particulary favourable for those patients who not only require psychiatric treatment but also the many laboratory and radiological methods which are available there.

Holly House Hostel has continued to work in close co-operation with the Children's Centre and mention must be made of the fact that most of the children there have their home in Derbyshire and this enables home case work to be carried out which is not always feasible for those children who reside in the area of other authorities. Most of the children are now adolescent girls between thirteen and sixteen years of age and this has brought with it many problems.

The appointment of a peripatetic teacher for the partially deaf has resulted in giving individual attention to those children who

suffer from some hearing defect. It is found that all such children residing in the Borough are adequately provided for and that many can carry on normal work in an ordinary school, with some guidance.

Once again Speech Therapy was interrupted owing to the resignation of Miss Goldthorpe who stayed with us for just over a year. It is regrettable that no replacement for her has yet been found even after considerable advertisement.

In October the only Assistant School Dental Officer retired on superannuation and there seems to be no prospect of securing a replacement for her. This in itself involves a serious curtailment in the treatment of the school children but when Mr. Littlar, our long serving Senior Dental Officer, retires early in 1961 it seems that there is about to be a complete breakdown of the School Dental Service in Chesterfield and it is to be hoped that some urgent special measures can be taken to prevent this."

APPENDIX

TABLES OF THE MINISTRY OF EDUCATION

Medical Inspection and Treatment—Year ended 31st December, 1960—Local Education Authority, Derbyshire

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1961, 117,732

PART 1—**Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)**

TABLE A—**PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By years of Birth)	PHYSICAL CONDITION OF PUPILS INSPECTED																	
	TOTALS—Whole Administrative County					Divisional Executive												
						North-west		North-east		Mid-Derbyshire		South-east		South		Chesterfield		
	No. of Pupils Insp'd	Satisfactory		Unsatisfactory		No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	
		No.	%	No.	%													
1956 and later ..	1,912	1,880	98.33	32	1.67	206	100.0	654	98.6	236	99.6	278	95.3	344	99.4	194	96.39	
1955 ..	3,980	3,814	95.83	166	4.17	413	98.8	1,312	95.3	474	98.9	552	85.9	692	98.8	537	98.51	
1954 ..	4,105	3,976	96.86	129	3.14	618	97.7	1,635	96.1	472	99.6	276	85.5	864	99.5	240	98.33	
1953 ..	1,231	1,168	94.88	63	5.22	144	95.8	652	93.9	141	100.0	65	83.1	168	100.0	61	90.16	
1952 ..	462	420	90.91	42	9.09	88	81.8	175	88.0	72	100.0	13	100.0	77	100.0	37	86.49	
1951 ..	276	250	90.58	26	9.42	69	86.9	77	81.8	60	100.0	10	90.0	19	94.7	41	97.56	
1950 ..	633	614	97.00	19	3.00	126	93.7	108	92.6	116	100.0	8	100.0	12	100.0	263	98.48	
1949 ..	3,789	3,711	97.84	78	2.06	736	97.8	764	98.0	636	100.0	483	94.4	324	99.6	846	97.75	
1948 ..	4,695	4,617	98.34	78	1.66	700	95.4	1,565	99.2	653	100.0	652	96.1	733	99.1	392	99.23	
1947 ..	2,117	2,065	97.54	52	2.46	292	85.9	907	99.8	217	99.5	321	98.7	318	99.7	62	95.16	
1946 ..	2,938	2,909	99.01	29	0.99	289	96.2	629	99.7	291	100.0	119	97.5	210	100.0	1,400	99.07	
1945 and earlier ..	6,450	6,346	98.39	104	1.61	1,071	96.6	1,805	99.8	943	99.9	1,353	96.5	1,226	99.1	52	90.38	
Totals ..	32,588	31,770	97.49	818	2.51	4,752	95.9	10,283	97.5	4,311	99.8	4,130	93.9	4,987	99.3	4,125	98.10	

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(Excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By Year of Birth)	Number of Pupils Found to Require Treatment						
	Total (Whole Admin. County)	Divisional Executive					
		North-West	North-east	Mid-Derby-shire	South-east	South	Chester-field
	FOR DEFECTIVE VISION (excluding Squint) :—						
1956 and later ..	19	5	8	1	—	3	2
1955	73	16	26	1	1	13	16
1954	106	32	49	7	3	11	4
1953	43	7	26	3	1	3	3
1952	27	5	12	5	1	3	1
1951	19	6	8	1	—	—	4
1950	37	12	7	7	—	—	11
1949	295	104	51	29	43	24	44
1948	435	103	145	46	59	61	21
1947	191	43	76	14	28	27	3
1946	198	52	50	28	17	14	37
1945 and earlier	766	219	210	115	94	126	2
Totals ..	2,209	604	668	257	247	285	148
	FOR ANY OF THE OTHER CONDITIONS RECORDED IN PART II :—						
1956 and later ..	163	16	39	24	13	48	23
1955	493	51	118	75	38	130	81
1954	464	64	157	63	27	120	33
1953	124	10	57	16	3	20	18
1952	72	15	16	6	—	12	23
1951	52	13	7	4	—	5	23
1950	89	23	10	1	2	4	49
1949	347	104	43	46	24	54	76
1948	420	59	100	68	23	118	52
1947	212	37	45	24	13	70	23
1946	275	40	24	29	13	17	152
1945 and earlier	559	130	71	75	48	209	26
Totals ..	3,270	562	687	431	204	807	579
	TOTAL INDIVIDUAL PUPILS :—						
1956 and later ..	167	19	46	24	14	40	24
1955	554	61	139	76	43	145	90
1954	519	79	184	66	29	126	35
1953	150	12	72	18	5	25	18
1952	88	17	23	10	1	14	23
1951	64	16	13	4	—	5	26
1950	114	30	14	5	2	4	59
1949	594	179	87	81	63	69	115
1948	801	145	231	114	82	159	70
1947	375	69	114	35	43	89	25
1946	446	81	73	58	25	27	182
1945 and earlier	1,215	295	277	169	138	310	26
Totals ..	5,087	1,003	1,273	660	445	1,013	693

TABLE C—OTHER INSPECTIONS

	Total (Whole Admin. County)	Divisional Executive					
		North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field
Number of Special Inspections	3,529	204	1,241	81	343	651	1,009
Number of Re-Inspections ..	9,359	997	1,064	733	449	1,453	4,663
Totals	12,888	1,201	2,305	814	792	2,104	5,672

TABLE D—INFESTATION WITH VERMIN

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils appears in the body of this Report.
All cases of infestation, however slight, are recorded.

Items (*b*), (*c*) and (*d*) relate to individual pupils and not to instances of infestation.

	Total (Whole Admin. County)	Divisional Executive					
		North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field
(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	234,525	19,768	61,301	37,763	40,585	45,023	30,085
(*b*) Total number of individual pupils found to be infested	2,699	510	1,169	424	275	165	158
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—	—	—	—	—	—	—
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—	—	—	—	—	—	—

PART II—**Defects found by Medical Inspection during the year**

TABLE A—**PERIODIC INSPECTIONS**

Note—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspection, are included in this Table, whether or not they were under treatment or observation at the time of the inspection. The Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

WHOLE COUNTY

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	188	115	211	127	141	73	540	315
5	Eyes—*a.* Vision	511	419	855	532	843	680	2,209	1,631
	b. Squint	234	130	74	43	97	58	405	231
	c. Other	39	24	22	26	54	25	115	75
6	Ears—*a.* Hearing	44	102	24	35	30	91	98	228
	b. Otitis Media ..	47	149	25	58	37	81	109	288
	c. Other	26	124	17	66	25	63	68	253
7	Nose and Throat	248	762	44	171	76	420	368	1,353
8	Speech	44	93	8	18	76	63	128	174
9	Lymphatic Glands	7	210	6	22	9	103	22	335
10	Heart	15	110	11	90	14	93	40	293
11	Lungs	97	393	35	103	70	158	202	654
12	Developmental— *a.* Hernia	37	56	4	8	8	26	49	90
	b. Other	33	114	7	30	22	95	62	239
13	Orthopaedic— *a.* Posture	23	42	32	61	62	103	117	206
	b. Feet	88	237	65	213	84	190	237	640
	c. Other	67	239	40	87	111	193	218	519
14	Nervous System— *a.* Epilepsy	17	16	12	8	30	14	59	38
	b. Other	8	44	18	12	9	34	35	90
15	Psychological— *a.* Development ..	20	66	3	28	38	183	61	277
	b. Stability	38	212	25	133	85	150	148	495
16	Abdomen	10	50	9	23	15	36	34	109
17	Other	119	186	56	176	107	241	282	603

TABLE B.

SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4	Skin	255	39
5	Eyes—*a.* Vision	403	446
	b. Squint	36	19
	c. Other	63	23
6	Ears—*a.* Hearing	22	59
	b. Otitis Media ..	20	36
	c. Other	19	24
7	Nose and Throat	62	185
8	Speech	25	26
9	Lymphatic Glands	2	65
10	Heart	8	63
11	Lungs	50	94
12	Developmental—		
	a. Hernia	10	9
	b. Other	15	33
13	Orthopaedic—		
	a. Posture	10	10
	b. Feet	41	39
	c. Other	27	76
14	Nervous System—		
	a. Epilepsy	18	15
	b. Other	16	6
15	Psychological—		
	a. Development ..	7	58
	b. Stability	56	30
16	Abdomen	9	15
17	Other	96	67

Defects found by Medical Inspection in the Year ended 31st December, 1960

DIVISIONAL EXECUTIVES

Defect Code No.	Defect or Disease	Periodic Inspections																							
		Entrants												Leavers											
		Requiring Treatment						Requiring observation						Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive						Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	90	55	12	5	15	11	11	61	8	4	12	19	32	36	19	9	48	67	9	12	8	1	10	87
5	Eyes–*a.* Vision ..	74	275	12	58	47	25	84	151	19	24	119	22	172	254	111	129	150	39	41	86	27	23	2	334
	b. Squint ..	35	107	19	20	29	24	15	47	10	18	30	9	18	3	10	21	18	3	8	5	6	6	1	17
	c. Other ..	2	14	3	3	12	5	4	5	4	4	2	5	5	2	–	7	6	2	1	1	2	5	3	14
6	Ears–*a.* Hearing ..	2	12	2	1	27	–	17	20	11	17	27	10	1	1	1	–	20	1	7	11	3	6	4	4
	b. Otitis Media	2	21	2	4	12	6	26	32	18	14	36	23	4	3	3	2	7	6	9	8	7	6	8	20
	c. Other ..	2	6	1	1	14	2	22	4	1	10	17	70	2	–	–	1	11	3	1	1	2	2	5	55
7	Nose and Throat ..	34	87	21	21	58	27	109	56	49	78	171	99	6	3	4	5	13	13	36	40	19	30	21	25
8	Speech	6	8	7	–	15	8	11	49	11	7	12	3	2	1	–	1	1	3	5	1	1	1	2	8
9	Lymphatic Glands ..	–	1	1	1	4	–	42	30	9	33	44	52	–	–	–	3	2	1	5	2	2	2	1	10
10	Heart	5	3	–	1	3	3	19	36	7	22	24	2	–	–	–	1	8	2	12	10	10	25	8	25
11	Lungs	4	36	8	3	18	28	34	128	27	72	81	51	1	7	3	4	13	7	17	16	15	22	13	20
12	Developmental—																								
	a. Hernia ..	4	14	6	2	10	1	17	22	5	3	6	3	–	1	1	–	1	1	2	2	–	–	–	4
	b. Other ..	6	15	2	2	5	3	7	36	2	21	29	19	1	1	–	1	1	3	–	1	1	2	14	12
13	Orthopaedic—																								
	a. Posture ..	13	1	–	3	4	2	5	9	1	6	17	4	14	–	1	9	6	2	12	6	6	5	7	25
	b. Feet ..	32	19	9	4	21	3	45	53	38	15	50	36	12	3	7	3	29	11	54	30	16	2	8	103
	c. Other ..	1	23	7	6	19	11	30	73	16	44	40	36	6	9	7	4	9	5	10	26	19	3	10	19
14	Nervous System—																								
	a. Epilepsy ..	1	8	1	4	2	1	1	11	1	2	1	–	3	1	–	3	3	2	3	2	1	2	–	–
	b. Other ..	–	4	1	1	2	–	1	11	3	9	18	2	2	3	–	2	4	7	1	3	–	3	1	4
15	Psychological—																								
	a. Development	–	10	3	2	5	–	8	23	4	10	20	1	–	–	1	–	2	–	8	2	3	5	2	8
	b. Stability ..	3	20	3	2	5	5	20	54	8	8	14	108	1	3	–	2	2	17	4	7	–	3	1	18
16	Abdomen	1	4	–	1	1	3	16	12	1	8	4	9	1	2	1	2	1	2	8	2	–	2	2	9
17	Other	–	55	10	8	28	18	21	42	21	20	27	55	1	8	5	5	16	21	9	14	15	3	8	127

Defects found by Medical Inspection in the Year ended 31st December, 1960

DIVISIONAL EXECUTIVES (*continued*)

Defect Code No.	Defect or Disease	Periodic Inspections																							
		Others												Totals											
		Requiring Treatment						Requiring observation						Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive						Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	46	14	14	2	21	44	17	17	4	1	7	27	168	105	45	16	84	122	37	90	20	6	29	133
5	Eyes–*a.* Vision	281	199	64	76	139	84	76	112	40	50	52	350	547	728	187	263	336	148	201	349	86	97	192	706
	b. Squint	45	16	1	10	18	4	9	18	2	2	4	23	99	126	30	51	65	34	32	70	18	27	35	49
	c. Other	22	2	1	7	6	16	1	3	2	–	2	17	29	18	4	17	24	23	6	9	8	9	7	36
6	Ears–*a.* Hearing	2	3	–	1	19	5	36	4	16	2	20	13	5	16	3	2	66	6	60	35	30	25	51	27
	b. Otitis Media	9	5	6	1	5	11	36	18	12	3	7	5	15	29	11	7	24	23	71	58	37	23	51	48
	c. Other	2	1	–	–	17	5	2	2	2	–	3	54	6	7	1	2	42	10	25	7	5	12	25	179
7	Nose and Throat	13	11	2	3	19	28	129	146	11	7	57	70	53	101	27	29	90	68	274	442	79	115	249	194
8	Speech	31	2	1	5	1	36	30	11	2	3	8	9	39	11	8	6	17	47	46	61	14	11	22	20
9	Lymphatic Glands	4	2	–	1	–	2	25	35	2	2	8	31	4	3	1	5	6	3	72	67	13	37	53	93
10	Heart	–	1	–	–	3	10	30	13	9	6	17	18	5	4	–	2	14	15	61	59	26	53	49	45
11	Lungs	3	6	5	1	14	41	42	37	12	9	19	39	8	49	16	8	45	76	93	181	54	103	113	110
12	Developmental—																								
	a. Hernia	4	2	–	1	1	–	14	6	3	1	–	2	8	17	7	3	12	2	33	30	8	4	6	9
	b. Other	4	–	–	1	13	4	15	16	6	4	14	40	11	16	2	4	19	10	22	53	9	27	57	71
13	Orthopaedic—																								
	a. Posture	11	–	–	–	13	38	35	18	6	5	20	19	38	1	1	12	23	42	52	33	13	16	44	48
	b. Feet	18	3	4	8	41	10	60	38	4	1	21	66	62	25	20	15	91	24	159	121	58	18	79	205
	c. Other	60	12	1	3	20	15	52	92	17	4	8	20	67	44	15	13	48	31	92	191	52	51	58	75
14	Nervous System—																								
	a. Epilepsy	8	1	2	1	4	14	18	1	2	–	1	2	12	10	3	8	9	17	12	14	4	4	2	2
	b. Other	–	1	1	–	–	7	2	8	6	–	14	4	2	8	2	3	6	14	4	22	9	12	33	10
15	Psychological—																								
	a. Development	–	4	2	–	32	–	53	11	4	4	4	107	–	14	6	2	39	–	69	36	11	19	26	116
	b. Stability	–	–	2	–	6	77	31	4	5	4	9	97	4	23	5	4	13	99	55	65	13	15	24	325
16	Abdomen	1	2	1	–	6	5	16	2	1	–	5	12	3	8	2	3	8	10	40	16	2	10	11	30
17	Other	13	8	14	5	18	19	59	21	11	12	28	110	14	71	29	18	62	88	89	77	47	35	63	292

Defects found by Medical Inspection in the Year ended 31st December, 1960

DIVISIONAL EXECUTIVES (*continued*)

Defect Code No.	Defect or Disease	Special Inspections											
		Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	78	12	3	37	13	112	3	23	–	2	–	11
5	Eyes–*a.* Vision ..	16	180	8	14	34	151	11	207	6	7	17	198
	b. Squint ..	2	14	–	4	9	7	1	8	–	3	1	6
	c. Other ..	1	5	–	2	1	54	–	1	–	2	3	17
6	Ears–*a.* Hearing ..	–	5	1	4	4	8	5	10	4	8	4	28
	b. Otitis Media ..	–	7	–	1	2	10	3	23	–	4	4	2
	c. Other ..	3	2	–	3	1	10	–	3	–	2	2	17
7	Nose and Throat ..	2	21	1	5	14	18	11	90	5	10	37	32
8	Speech	–	5	–	2	6	12	2	18	–	–	1	5
9	Lymphatic Glands ..	–	1	–	–	1	–	7	23	1	8	–	26
10	Heart	1	5	–	–	1	1	3	27	1	26	3	3
11	Lungs	2	11	–	8	7	22	3	51	1	20	8	11
12	Developmental—												
	a. Hernia ..	–	6	–	2	1	1	1	8	–	–	–	–
	b. Other ..	2	4	–	–	4	5	–	25	–	5	–	3
13	Orthopaedic—												
	a. Posture ..	5	–	–	3	–	2	–	4	–	–	4	2
	b. Feet	6	8	1	11	3	12	6	14	–	–	7	12
	c. Other ..	2	11	–	3	5	6	38	16	–	5	7	10
14	Nervous System—												
	a. Epilepsy ..	1	5	–	4	2	6	1	12	–	1	–	1
	b. Other ..	–	5	–	–	–	11	–	2	1	1	1	1
15	Psychological—												
	a. Development	–	1	1	–	5	–	1	9	2	32	1	13
	b. Stability ..	1	9	1	1	6	38	2	12	1	5	1	9
16	Abdomen	–	–	1	4	1	3	1	6	2	1	1	4
17	Other	–	19	1	1	9	67	2	31	1	5	2	26

PART III

Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases known to have been dealt with						
	Divisional Executive						
	North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field	Total
External and Other, excluding errors of refraction and Squint	16	2	9	14	53	57	151
Errors of refraction (including Squint)							8,965*
Totals							9,116*
Number of Pupils for whom Spectacles were Prescribed							7,067*

* (It is not possible to "Divisionalise" these figures).

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received Operative Treatment :—							
(*a*) for diseases of the ear ..	–	1	–	1	1	4	7
(*b*) for adenoids and chronic tonsilitis	50	36	19	94	57	166	750
(*c*) for other nose and throat conditions	–	1	1	1	3	7	13
Received other forms of treatment	4	2	–	36	9	65	116
Totals	54	368	20	132	70	242	886
Total number of pupils in schools who are known to have been provided with hearing aids :—							
(*a*) in 1960	2	–	2	–	–	4	8
(*b*) in previous years	4	1	5	1	1	8	20

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

(*a*) Pupils treated at Clinics or out-patients departments	180	12	85	206	199	261	943
(*b*) Pupils treated at School for postural defects ..	–	–	–	–	–	40	40
Total	180	12	85	206	199	301	983

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated						
	Divisional Executive						
	North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field	Totals
Ringworm—(*a*) Scalp ..	–	–	–	–	–	–	–
(*b*) Body ..	–	–	–	–	–	1	1
Scabies	1	–	–	–	–	–	1
Impetigo	4	–	–	11	–	9	24
Other Skin Diseases	63	–	–	–	8	197	268
Totals	68	–	–	11	8	207	294

TABLE E—CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	74	114	67	106	97	155	613

TABLE F—SPEECH THERAPY

Pupils treated by Speech Therapists	13	8	7	7	67	180	282

TABLE G—OTHER TREATMENT GIVEN

(*a*) Pupils with minor ailments	667	38	–	117	69	461	1,352
(*b*) Pupils who received convalescent treatment under School Health Service arrangements ..	–	–	–	–	–	–	–
(*c*) Pupils who received B.C.G. vaccination ..	–	–	–	–	–	–	6,808
(*d*) Other than (*a*), (*b*) and (*c*) above (specify) :— Sunray treatment ..	–	–	–	–	–	180	180

PART IV

Dental Inspection and Treatment carried out by the Authority

	North west	North east	Mid-Derby-shire	South east	South	Ches-ter-field	Totals
(1) Number of pupils inspected by the Authority's Dental Officers:—							
(*a*) at periodic inspections ..	1,701	13,236	93	760	671	1,736	18,197
(*b*) as specials	62	1,468	175	139	1,662	2,127	5,633
TOTAL (1)..	1,763	14,704	268	899	2,333	3,863	23,830
(2) Number found to require treatment	1,262	11,560	187	689	2,014	3,362	19,074
(3) Number offered treatment ..	1,181	9,014	178	581	1,872	3,127	15,953
(4) Number actually treated ..	575	5,835	170	424	1,648	2,503	11,155
(5) Number of attendances made by pupils for treatment, *including* those recorded at heading 11(h) below	1,257	11,458	268	615	2,641	4,246	20,485
(6) Half-days devoted to:							
Periodic (School) Inspection ..	15	100	1	5	7	15	143
Treatment	262	1,565	–	44	311	640	2,822
TOTAL (6)	277	1,665	1	49	318	655	2,965
(7) Fillings :—							
Permanent Teeth	1,647	5,094	81	209	928	984	8,943
Temporary Teeth	469	473	–	–	7	154	1,103
TOTAL (7)	2,116	5,567	81	209	935	1,138	10,046
(8) Number of teeth filled :—							
Permanent Teeth	1,366	4,541	75	173	736	959	7,850
Temporary Teeth	456	455	–	–	7	153	1,071
TOTAL (8)	1,822	4,996	75	173	743	1,112	8,921
(9) Extractions :—							
Permanent Teeth	172	2,002	59	214	815	1,315	4,577
Temporary Teeth	194	6,095	194	544	2,141	2,244	11,412
TOTAL (9)	376	8,097	253	758	2,956	3,559	15,989
(10) Administration of general anaesthetics for extraction	–	1,890	131	349	1,425	1,533	5,328
(11) Orthodontics :—							
(*a*) Cases commenced during the year	–	64	–	2	3	9	78
(*b*) Cases carried forward from previous year	–	–	–	–	–	–	54
(*c*) Cases completed during the year	–	66	–	1	6	3	76
(*d*) Cases discontinued during the year	–	5	–	–	–	4	9
(*e*) Pupils treated with appliances	–	66	–	2	3	7	78
(*f*) Removable appliances fitted	–	71	–	3	3	10	87
(*g*) Fixed appliances fitted ..	–	–	–	–	–	–	–
(*h*) Total attendances	–	452	–	12	22	73	559
(12) Number of pupils supplied with artificial dentures	–	62	1	1	5	34	103
(13) Other operations :—							
Permanent Teeth	38	2,015	4	15	54	248	2,374
Temporary Teeth	10	1,232	10	4	180	53	1,489
TOTAL (13)	48	3,247	14	19	234	301	3,863